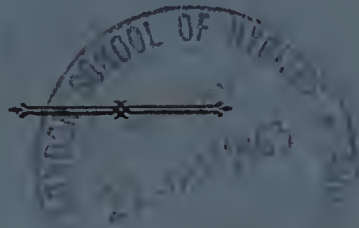




MONMOUTHSHIRE COUNTY COUNCIL.



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER OF HEALTH.
FOR THE YEAR 1956.



GWYN ROCYN JONES,

M.A., M.D., B.Chir., D.P.H.,

County Medical Officer.

COUNTY HALL,
NEWPORT, MON.





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PREFACE.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report, as County Medical Officer, for the year 1956.

The report presents details of the Health and Preventive Services of the Administrative County of Monmouth, and in general is on similar lines to previous years.

The live birth-rate per 1,000 of population for 1956 was 16.8, which was an increase of 1.5 on the previous year.

The death-rate was 11.96 per 1,000 population for 1956, and this showed a decrease of 0.44 compared with 1955.

Infant Mortality showed a rate of 29.0 per 1,000 related live births, a decrease of 5.0 on 1955.

Notifications of infectious diseases included 1,554 cases of measles, one of which was fatal. There were 4,620 cases, but no deaths from the disease, the previous year. There was no major epidemic during the year, and no cases of diphtheria. Acute Poliomyelitis was notified in 8 cases during the year, as compared with 33 in 1955. The report includes an account of the commencement of the Poliomyelitis Vaccination Scheme in the County.

Once again, there was a significant decrease both in the number of notifications of new cases of, and deaths from, tuberculosis.

My thanks are due to the Members of the Health Committee for the help and co-operation I have received at all times, and this report would not be complete without my acknowledgement. To the Specialists and Staffs of Hospitals, and to the members of the Staff of my Department, my thanks are also due for the ready and willing help which has always been forthcoming.

I have the honour to be,

Your obedient Servant,

G. ROCYN JONES.

County Hall,
Newport, Mon.
December, 1956.

THE STAFF OF THE MONMOUTHSHIRE COUNTY COUNCIL HEALTH DEPARTMENT.

COUNTY MEDICAL OFFICER OF HEALTH :

G. Rocyn Jones, M.A., M.D., B.Chir., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH :

William Panes, M.R.C.S., L.R.C.P., D.P.H.

CONSULTANT MEDICAL STAFF :

J. T. Rice Edwards, F.R.C.S., M.R.C.S., L.R.C.P. (Surgical).

G. W. Hoare, M.A., M.B., F.R.C.S., M.R.C.S., L.R.C.P. (Ophthalmic).

D. N. Rocyn Jones, M.A., M.D., F.R.C.S. (Orthopaedic).

D. B. Sutton, F.R.C.S., M.R.C.S., L.R.C.P. (Ear, Nose and Throat).

R. Vaughan-Jones, M.B., Ch.B., D.O.M.S., F.R.C.S. (Ophthalmic).

Professor A. G. Watkins, M.D., M.R.C.S., F.R.C.P.

(Heart and Rheumatic).

M. L. Insley, M.B., Ch.B. (Geriatric).

DISTRICT AND AREA MEDICAL OFFICERS OF HEALTH :

Rhymney U.D.C.	}	Area No. 1	M. J. Donelan, M.B., B.Ch., D.P.H.
Tredegar U.D.C.			
Bedwellty U.D.C.		Area No. 2	R. A. Hoey, M.R.C.S., L.R.C.P., D.P.H.
Abercarn U.D.C.	}	Area No. 3	H. V. M. Jones, M.B., B.S., D.P.H.
Mynyddislwyn U.D.C.			
Ebbw Vale U.D.C.		Area No. 4	Thomas Stephens, M.C., B.Sc., M.R.C.S., L.R.C.P., D.P.H.
Nantyglo & Blaina U.D.C.	}	Area No. 5	J. Walters Bowen, M.B., B.Ch., D.P.H.
Abertillery U.D.C.			
Magor & St. Mellons R.D.C.	}	Area No. 6	K. P. Giles, M.B., Ch.B., D.P.H.
Bedwas & Machen U.D.C.			
Risca U.D.C.			
Pontypool U.D.C.	}	Area No. 7	F. J. Hallinan, M.B.E., M.B., B.Ch., B.A.O., D.P.H.
Blaenavon U.D.C.			
Cwmbran U.D.C.	}	Area No. 8	Evelyn D. Owen, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Caerleon U.D.C.			
Chepstow U.D.C.	}	Area No. 9	E. N. Dowell, M.R.C.S., L.R.C.P., D.P.H.
Chepstow R.D.C.			
Monmouth U.D.C.			
Monmouth R.D.C.			
Abergavenny U.D.C.	}	Area No. 10	Sadie M. R. Harvey, M.B., B.Ch., B.Sc., D.P.H.
Abergavenny R.D.C.			
Usk U.D.C., Pontypool R.D.C.			

SENIOR ASSISTANT MEDICAL OFFICERS OF HEALTH:

L. Anne Knowlson, M.D., Ch.B., B.Sc., D.P.H., D.C.H. (Maternity and Child Welfare).

Alice M. S. Dewar, Ch.B., D.P.H. (Retired 30-9-56)..

MENTAL HEALTH OFFICER.

Margaret E. Cochrane-Dyet, M.B., Ch.B.

ASSISTANT MEDICAL OFFICERS:

Mary Rose MacQuillan, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

A. Joan Lewis, M.R.C.S., L.R.C.P.

Anna Gregory, M.R.C.S., L.R.C.P.

Margaret C. Jenkins, M.R.C.S., L.R.C.P.

Mary Stewart, B.Sc., M.B., B.Ch.

Mary Ll. Williams, M.B., B.Ch.

Cicely Waters, M.D., B.Sc., D.P.H., R.C.P.S.

Lilian J. Cunningham, M.B., B.Ch., B.Sc.

Mary Wells Jenkins, B.Sc., M.B., B.Ch., D.P.H.

Mary Patricia Eleri-Jenkins, B.Sc., M.B., B.Ch. (Resigned 14-1-56).

Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P.

John L. Phillips, M.B., B.Ch., B.Sc., D.O.M.S. (Temporary).

Elfreda Alice Davies, M.B., B.Ch.

Glenys G. Trenhaile, L.M.S.S.A.

Nano Joyce Sumption, M.B., B.Ch., B.Sc. (Wales).

Hywel G. Jenkins, M.B., B.S. (Lond.).

SENIOR DENTAL OFFICER:

E. F. J. Sumner, L.D.S., R.C.S.

ASSISTANT DENTAL OFFICERS:

J. C. Morley, L.D.S.

Greta McHarg, L.D.S.

W. S. Hazell, L.D.S., R.C.S. (Part-time).

D. J. Coughlin.

R. V. Clarke, L.R.C.P. & S., L.D.S.(Ed.).

Maureen F. E. Vaughan Jones, L.D.S.

Harold E. Edney, L.D.S. (Commenced 27-2-56. Deceased 5-9-56).

COUNTY HEALTH INSPECTOR:

H. C. Bird, M.S.I.A., A.R.S.H.

ASSISTANT COUNTY HEALTH INSPECTOR:

C. A. Lewis, M.S.I.A., A.R.S.H.

COUNTY AMBULANCE OFFICER:

H. Price.

MEDICAL COMFORTS OFFICER AND EQUIPMENT OFFICER :

G. Padfield.

SUPERVISOR OF MIDWIVES :

Miss O. Griffiths, S.C.M.

SUPERVISOR OF HEALTH VISITORS :

Miss E. Morgan, S.R.N., S.C.M., H.V.

SUPERVISOR OF DISTRICT NURSES :

Miss A. R. Collins, S.R.N., S.C.M., H.V.

SUPERVISOR OF HOME HELPS :

Mrs. M. V. Hughes.

WELFARE OFFICER (Illegitimate Children):

Miss G. A. Knight, S.R.N., S.C.M.

SPEECH THERAPISTS :

Miss G. M. Oldbury, L.C.S.T., (R.M.A.).

Miss U. E. Jones, L.C.S.T. (R.M.A.). (Part-time).

Miss K. B. Powell, L.C.S.T. (R.M.A.).

Miss Barbara Evans, L.C.S.T. (R.M.A.). (Commenced 1-9-56).

ORTHOPTISTS :

Mrs. H. M. Gregory, D.B.O. (Part-time).

Mrs. Angela Gwyneth Hearne, D.B.O. (Resigned 31-5-56).

Mrs. P. Hannah, D.B.O. (25-6-56 to 31-10-56).

MENTAL HEALTH WORKERS :

Miss Alwyn Fuller.

Miss Sheila Readman.

Mr. Brynley Price.

LADY HEALTH VISITORS :

Baldwin, M.

Bevan, J. I.

Cooper, M. S.

Davies, M. J.

Dredge, M. W.

Edwards, M.

Elias, M.

Fraser, E.

Giles, M. R.

Gilford, M.

Golding, G. I.

Harris, E. M.

Harvey, B.

Hopkins, F.

(Commenced 1-8-56)

Jackson, J. P. (Com-
menced 16-7-56)

James, E. N.

Jones, A.

Jones, I.

Jones, B.

Kavanagh, P. G.

King, P. M. R.

Lewis, M.

Lewis, R.

Lloyd, C. M.

Meyrick, J.

Morgan, C.

Parker, G.

(Resigned 10-11-56)

Prosser, I.

Pulsford, M.

Redwood, N.

Reynolds, M. V.

(Resigned 31-7-56)

Roberts, E.

Rogers, G. M. (Com-
menced 16-7-56).

Rowlands, L. M.

Sainsbury, M (Retired 31-5-56)	Stevens, S. L.	Wilcox, D. G.
Silk, J. (Commenced 16-7-56)	Stinchcombe, N. G	Williams, F
Simms, C. D	Tristram, L.	Williams, M.
Smith, H. M.	Walters, M	Wilmot, E G
	Webb, E.	Wixey, N. A
	Wibberley, N. E	

ORTHOPAEDIC SISTER :

Pugh, Miss M. M.

ORAL HYGIENIST :

Mrs. P. Schofield.

DENTAL ATTENDANTS :

Miss O. Joan Annetts, B.E.M.	Mrs. Olwen P. Brodie.
Mrs. Carol Huggett, S.R.N.	Miss Alice Clements
Miss Barbara Davies (Resigned 29-2-56).	(Resigned 28-4-56).
Miss Betty Wynn.	

DOMICILIARY PHYSIOTHERAPISTS :

Mr. E. Stratford-Leach, C.S.P.
Mr. R. J. Holley.

MATERNITY AND CHILD WELFARE.

Work of the Health Visitors.

There were at the end of the year 46 full-time Health Visitors on the Council's Staff undertaking Maternity and Child Welfare and School Health Service work, in addition to 1 full-time Supervisor. The apportionment of time during 1956 to Maternity and Child Welfare was approximately that of 37.6 Health Visitors.

The number of visits paid to homes by Health Visitors under the Maternity and Child Welfare Service during the last 5 years were :—

1956.	1955.	1954.	1953.	1952.
54,246	60,440	63,515	65,975	68,959

Of the 54,246 visits paid in 1956, 5,046 were in respect of new babies. 6,063 fruitless visits were made in addition.

The number of babies found on the first visit to be entirely breast-fed were :—

1956.	1955.
1,068	1,063

Ophthalmia Neonatorum Notifications under Public Health (Ophthalmia Neonatorum) Regulations were:—

1956.	1955.	1954.	1953.	1952.
2	Nil	4	7	9

These notifications for 1956, together with other causes of eye trouble reported by Midwives, making a total of 19, were followed up by the Health Visitors. All cases cleared up satisfactorily without any impairment of vision.

Ante-Natal Clinics.

The number of Ante-Natal Clinics in the County at the end of the year was 27 and there were held 134 half-day sessions per month. The attendances for the whole of the Clinics were: —

	1956.	1955.	1954.	1953.	1952.
New Cases ...	2,909	2,744	2,701	3,033	2,966
Re-visits ...	10,623	10,109	10,605	12,529	13,196
Total Attendances	13,532	12,853	13,306	15,562	16,162

The Ante-Natal Clinic premises were situated in convenient parts of the County and were easily accessible to the great majority of the people. Each Clinic was attended by a medical officer and a health visitor, and expectant mothers were given advice and instruction. The Clinics performed a most valuable service, and the district midwives were also always welcome for the discussion of any cases in which they were interested. The number of ante-natal cases who attended the Clinics for the first time during the year increased over the previous year as did the number of re-visits. Many general medical practitioners now hold their own ante-natal sessions. Also, some hospitals who have maternity accommodation like to arrange their own ante-natal examination.

Griffithstown Ante-Natal Clinic was discontinued on 30th April, 1956, but a new Ante-Natal Clinic was commenced at Llanhilleth in August, 1956.

The Council's Ante-Natal Clinics were staffed by its own medical officers, and general medical practitioners were not employed for this purpose.

Blood tests were carried out for grouping and W.R. and G.C.F.T. on all new cases and also on others as required.

Maternity and Child Welfare Clinics.

At the end of the year there were 48 Infant Welfare Clinics in operation and 300 half-day sessions per month were held. Each Clinic was staffed by

the Council's Health Visitors and most were attended at each session by a Medical Officer. Some clinics, however, were served by medical officers on alternate clinic-days. The clinics furnished advice and instruction on the problems of child care and valuable information was always available regarding feeding and general welfare. At many clinics, opportunity was taken by the health visitors to give talks to the mothers on health education, and visual aids were used where the premises were suitable. It was found that the mothers were greatly appreciative of this and in many cases helped with the preparation of material. Careful watch was kept on the progress of each child, with regular weighings, and although the function of the clinics was not curative much good work was done in the preventive field.

The number of new attendances of children under one year of age was slightly less than for 1955, but the increased attendance figures show that the service was still largely accepted by the mothers of the County.

The attendances at the Centres during 1956 and 4 previous years were:---

	1956.	1955.	1954.	1953.	1952.
No. of Infants who attended Child Welfare Centres during 1956	12,056	11,514	12,245	11,913	11,430
No. of new cases, under 1 year	5,817	5,936	6,731	7,036	4,735
No. of attendances, under 1 yr.	57,711	52,776	54,009	59,601	60,335
No. of attendances, 1 to 5 yrs.	29,093	25,768	26,339	29,194	24,511
Total No. of attendances ...	86,804	78,544	80,348	88,795	84,846

The Travelling Maternity and Child Welfare Clinic continued to serve many outlying rural areas of the County, to the advantage of many mothers who find it difficult to attend the fixed clinics.

At all Infant Welfare Clinics there were facilities for the purchase by mothers attending the Clinics, of proprietary infant foods at a little over cost price, and the amount paid by mothers for this during 1956 was £20,923/10/1d.

The sale of the food at favourable prices, in addition to providing an extra incentive to attendance at a Clinic, often gave the health visitors the opportunity of giving advice which may have remained unsought.

Welfare Foods were available at 30 of the Council's Clinics, and also 61 other centres, such as shops, private houses, W.V.S. Centres, etc., where the distribution was carried out by voluntary workers.

Facilities for immunisation of children against diphtheria and vaccination against smallpox were available at all Infant Welfare Clinics, and this is mentioned later in this report.

Post-Natal Clinic.

Mothers who have not received a post-natal examination by a general practitioner or in hospital are encouraged to attend the Council's Ante-Natal Clinics for this purpose. Cases requiring further consultation are referred to the Post-Natal Clinic at Central Clinic at Stanley Road, Newport, where a weekly session is held by Dr. Nora Keevil.

All cases of sterility in women which come to the notice of our clinics are referred to Dr. Keevil.

293 new cases were examined post-natally at Ante-Natal Clinics during the year, but in all 368 women were concerned and made a total of 395 attendances. At Dr. N. Keevil's Post-Natal Clinic at Stanley Road, Newport, 136 new cases were seen, 200 women attended and the total number of attendances was 326.

Birth Control Clinics.

These Clinics are held frequently at five centres in the County. The patients who attend them are those who are recommended for this advice on medical and not social grounds.

Care of Premature Infants.

The number of premature live births (infants of 5½lbs. or less, irrespective of the period of gestation) in the County during 1956 was 468, of which 164 took place at home, 303 in hospital and 1 in a private nursing home. This was 95 per 1,000 of all live births, and 92 per 1,000 of all live and still births. There were 84 premature still births, 24 of which were at home, 60 in hospital and 1 in a private nursing home. There were no premature live or still births in private nursing homes.

Scheme for the Care of Premature Infants.

The scheme for the care of premature infants was as previously reported, except that one of the special cots was in the hands of a different custodian. The cots are now placed with:—

- | | |
|--------------------------------------------------------------|------------------------------------------------------------------------|
| (1) Mrs. Marsten,
5, Treowen Road,
Newbridge. | (4) Miss G. C. Morgan,
The Clinic, Market Street,
Tredegar, Mon. |
| (2) Nurse Bowen,
29, Victoria Road,
Pontypool. | (5) Nurse Roche,
20, Victoria Estate,
Monmouth. |
| (3) Mrs. S. Hobbs,
1, Sannan Street,
Aberbargoed, Mon. | (6) Miss E. Phillips,
34, Mathern Road,
Bulwark, Chepstow, Mon. |

The appropriate midwives have been instructed as to where the cots are kept and how to obtain them and to obtain a receipt for their loan from the parents.

Arrangements have been made with the County Hospital, Griffithstown, to receive premature infants; special cases may be sent to St. David's Hospital, Cardiff. St. James' Hospital, Tredegar, and St. Woolos Hospital, Newport, have also admitted a few premature infants.

The General Practitioner is called in through the Medical Aid Scheme by the Midwife to authorise the removal of the infant.

No Midwives or Health Visitors are specially trained in the care of the premature infant.

Speech Therapy.

During the year 1956 Speech Therapy Clinics were held at 11 Centres, widely spread over the County, and were staffed at the commencement of the year by two full-time speech therapists and one part-time. It was not until 1st September, 1956, that we were able to obtain another therapist to replace the one who left in September, 1955.

All types of speech defects in children were referred to the Speech Therapy Clinics and where necessary consultations were arranged at Ear, Nose and Throat Clinics. In certain cases it was also found helpful for ascertainment of level of intelligence to be carried out. Some cases required prolonged treatment, and a certain amount of perseverance was necessary in ensuring the required number of attendances. Children who had been operated upon for cleft palate were treated at the clinics for re-education in speech.

Care of Illegitimate Children.

The County Council has an arrangement with the Salvation Army Hostels at Cardiff and Bristol for the admission of expectant unmarried mothers, the County Council undertaking to pay for the maintenance of these patients, less any National Health Insurance Benefits to which the patient may be entitled.

During the year 50 cases were dealt with; a total of 829 visits being paid. 9 girls were admitted to Northlands Salvation Army Home for Unmarried Mothers, Cardiff; 1 to Mount Hope Salvation Army Home for Unmarried Mothers, Bristol, and 1 to Cwmdonkin Moral Welfare Home, Swansea, at the County Council's expense.

Of the 50 cases 3 girls were later married to the putative fathers, 11 were married women, 34 were single, 3 were divorced women and 2 were widows; one girl lived with the man.

30 children were placed in homes with a view to adoption; 1 girl was accompanied to a Solicitor's Office and was successful in obtaining an affiliation order; 1 child was boarded-out and 1 died.

A Social Worker is employed, as required by Circular No. 2,866, to superintend the care of illegitimate children.

Miss G. A. Knight, S.R.N., S.C.M., carried out supervision of all adoption cases, gave advice to natural and foster parents and attended Magistrates' and County Courts in the capacity of Guardian *ad litem* in 64 cases.

Dr. Barnado's Auxiliary Boarding-out Allowance was obtained for 3 children in cases where one child lived with the grandmother and two children lived with the mother and step-father.

Infant Protection.

There is a separate Children's Department of the County Council, set up under the provisions of the Children's Act, 1948. This is responsible for care of deprived children. The County Medical Officer of Health, however, acts as Medical Adviser to the Children's Committee and undertakes the management of medical matters relating thereto.

Children's Homes.

The quarterly medical examinations of children in the Children's Homes, and control of infectious diseases, are undertaken by the respective Area Medical Officers of Health.

Health of Children: " Problem " Families.

A Scheme to deal with problem families in Monmouthshire was brought into operation towards the end of 1956.

There have been established, ten local Problem Family Committees within the administrative County, upon which sit the Chairman of the District Council's Housing Committee who acts as Chairman; the Clerk of the District Council, acting as Secretary; and the remainder of the Committee, comprising technical officers including the District Medical Officer of Health, the County Welfare Officer, the County Children's Officer, the N.S.P.C.C. Inspector, the Probation Officer, the County Medical Officer, the Medical Officer for Mental Health, the Home Help Supervisor and the Supervisor of Health Visitors, together with the Health Visitor concerned in the case.

This arrangement has proved most successful and a large variety of cases of problem families have been discovered and have been solved.

Much earlier notice is now taken of proposed evictions and an effective solution has been introduced, e.g., in families receiving allowances, including rent allowance, from the National Assistance Board—where tenant is not paying his rent, arrangements have been made whereby if District Council (Landlord) notifies this fact to National Assistance Board, any further rent allowance will be withheld until any arrears are paid off. This works very satisfactorily. Some evictions have been cancelled when the Medical Department has shown that the householder is mentally unstable and cannot be expected to conduct his house up to the normal standard. One householder has been certified as mentally defective and removed to a Mental Deficiency Institution and the children taken into care. In some cases the District Council has agreed to take action under Section 47 of the National Assistance Act, to remove the householder, compulsorily, to an Institution, but much firmer action needs to be taken in finding institutional accommodation for such persons before the District Council can do this. The County Council has introduced a system of Family Helps (a superior type of Home Help) and, in quite a number of instances, the District Council has accepted this as a reasonable means of meeting internal conditions of houses and, because of this, District Councils are now more willing to re-house problem families in the older type of good house.

The general effect of this scheme is to demonstrate that, upon closer investigation, problem families are not so serious a matter as one would previously have thought and shows that there are a wide variety of causes for problem families, each of which can be solved by the combined efforts of the appropriate departments concerned.

Report of Senior Dental Officer on Dental Treatment for Expectant and Nursing Mothers, and Children under Five Years of Age.

At the commencement of the year 1956, the Dental Staff consisted of 6 full-time and 1 part-time Dentists. On 27th February, 1956, Mr. Harold Edney joined the staff as a full-time dentist, but with his sudden death on 5th September, 1956, the department was left with two unfilled vacancies, a previous vacancy still not having been occupied. The School Dental Service absorbed most of the time of the Dental Staff and it was still not possible to undertake the routine dental examination of Maternity and Child Welfare patients. However, a satisfactory service was maintained with regard to such patients referred for dental treatment. All new cases attending Ante-Natal Clinics were examined for dental sepsis, etc., by the medical officer in charge and suitable cases referred to the Dental Clinics. Nursing mothers and children at the Infant Welfare Clinics were also similarly supervised. Many women did not accept the facilities offered, but made their own arrangements. In a number of cases, however, it was noted that, having had dental extractions

carried out privately, the women were anxious to avail themselves of the Council's Scheme, in order to obtain free dentures.

There were 11 Dental Clinics in operation at the end of the year, and the equivalent of 196 half-day sessions were devoted to Maternity and Child Welfare patients during the year. At the end of 1956 one dental technician was employed in the Council's dental laboratories.

Expectant and nursing mothers and also young children were given priority for dental treatment, which was arranged without delay in well-equipped modern dental surgeries which were situated in convenient parts of the County. Conservative treatment was undertaken where possible but extractions, scalings, etc., were carried out when required.

An Oral Hygienist was employed for scaling, polishing, etc., and she did good work with advice on oral hygiene. Her advice was especially appreciated by teenage girls. The Oral Hygienist was occupied mostly with School Children, but treated other cases as necessary.

Orthodontic treatment was continued by the Principal School Dental Officer in Clinics at Newport, Pontypool, Chepstow and Blackwood respectively.

Encouragement was given to mothers to bring their children to the Infant Welfare Clinics regularly for dental examination, until they reached school age, but it was noted that no great advantage of this was taken, except where prompted by the occurrence of toothache.

Details as to numbers of mothers and children dentally treated are given on page —? of this report.

HEALTH CENTRES.

During 1956 the Health Centres at Tredegar, Rhymney, Ebbw Vale and Blaenavon continued in operation and gave very satisfactory service.

Stanley Road Clinic, Newport.

The Stanley Road Clinic, Newport, appears to be increasing in importance. The improvements effected last year have been of great value and the premises are now utilised very fully.

Specialist Services.

Clinics were regularly held at which the services of the Consultant Specialists listed on page 1 were available. These were all held at the Central

Clinic at Stanley Road, Newport, with the exception of the Orthopædic Clinic, which was held at various Clinics in the County. There was also available an Out-Patient Plastic Surgery Clinic held by Mr. Emlyn Lewis, F.R.C.S., at the St. Lawrence Hospital, Chepstow, where he carried out his surgery. Patients could also be seen at the Plastic Surgery Out-Patients Department of the Royal Gwent Hospital, Newport.

HOME NURSING SERVICE.

The Home Nurses make as many as 20 and sometimes more visits each day. Often the aged sick, who are cared for at home, rely on the nurse for guidance on day to day matters as well as for nursing attention. It is important that the Home Nurses' work shall be so balanced that she shall have time to attend to the total nursing needs of this group of people. For this reason, the nurses' times must be used wisely and she should not be asked to attend patients who can receive their treatment at a surgery or health centre.

The total cases attended by the Home Nurses in 1956 was 11,769 and the number of visits made was 312,468.

An analysis of the cases and visits is to be found on page 80.

The Home Nursing staff consists of 1 Supervisor, 56 Full-time District Nurses, 11 District Nurse Midwives and 36 Part-time Nurses who take over weekly off-duty, annual leave, and sick leave periods.

All District Nurse Midwives who are working in rural areas and in some instances, District Nurses in certain large areas are given a motor-car allowance allowance for travelling to and from their cases.

Of the 56 Full-time District Nurses 25 are able to claim the motor-car mileage allowance for their duties. The use of a motor-car for district nursing duties is of benefit to the nurses and patients. In bad weather the nurse arrives at the patient's home dry and less tired than when battling against wind and rain and thus time and energy is saved for nursing work.

During the year three home nurses attended a refresher course of study at Birmingham.

A lecture and demonstration was arranged on the manual lifting of patients. This was given by Mr. Hickling of the Industrial Welfare Society whose demonstrations on the technique of lifting helpless patients was of practical use.

The nurses arranged for themselves a visit to St. Cadoc's Hospital where after being shown around the hospital they were given a lecture on Modern Psychiatric Treatments by Dr. King. There was also a visit to Sully hospital where Doctor Foreman lectured on Chest Surgery, and one to the Plastic Surgery Section at St. Lawrence Hospital, Chepstow.

Sick Children.

There was no special scheme in the County during 1956 for the nursing of sick children, and no separate records were kept of the number of visits made to children.

In two areas, namely Ebbw Vale and Cwmbran, a record was kept as to the number of special visits made during 1956 for the purpose of giving injections. This was:—

Area	Population	For Insulin Injections	For Streptomy- cin Injections	Other Injections	Total Visits
Ebbw Vale ...	28,350	6,000	1,477	12,661	36,548
Cwmbran ...	18,260	380	394	3,117	12,810
Total ...	46,610	6,380	1,871	15,778	49,358

These figures can only serve as a guide for the County as a whole. They show that a large number of visits were made by District Nurses for the purpose of giving injections other than of insulin or streptomycin. In the Ebbw Vale area these other visits account for approximately one-third of the total visits made, while in the Cwmbran area they account for approximately one-quarter of the total visits made.

GERIATRIC SERVICE.

The year 1956 showed a natural follow-on of the work of the previous year. There was a steady flow of notification of cases for domiciliary physiotherapy by the general practitioners of the County. The tendency to notify cases particularly those of residual hemiplegia at an early date following the onset of the condition, was maintained and the resultant good effects were felt in the community concerned. It is now no unusual sight to see a person who has been treated by the domiciliary physiotherapist after some months walking

unaccompanied in the streets, depending for assistance in balance upon a well selected walking stick only. The number of cases notified in this and other categories such as arthritis increased slightly on the previous year.

There was an increase in the demand on the services of night attendants but an effort was made to keep this service within prescribed limits owing to the increased costs considerable enlargement of this service would entail. However, it is a service which is greatly sought after and when an enlargement can be undertaken it will doubtless find a ready use in the community. It is felt that the proper use for which this service is especially needed is for perhaps the aged and infirm living alone as well as the aged sick awaiting admission to hospital. At present the service provided is very limited in extent. It seems certain that greater provision for this kind of night attendant will become necessary with the proportionate increase in the relative ages of the population.

Following upon the re-formation by the Regional Hospital Board of a Geriatric Unit at Regent House, Chepstow, and the appointment of Dr. Salkeld, Physician Superintendent at Mount Pleasant Hospital to the charge of these beds in October, 1956, the County Medical Officer appointed Dr. H. G. Jenkins to work as an assistant geriatric M.O. in the north of the County while leaving Dr. Anna Gregory in charge of the work of the domiciliary therapy and as a means of assistance in the selection of cases for admission to Regent House Hospital.

During the year the Health Visitors have, where asked by the Geriatric Officer and Almoners, visited the homes of several old people particularly where it was thought advisable to keep an eye on a patient recently returned from hospital or one waiting to enter. It has been found of very great value to have this closer co-operation of the Health Visitors, District Nurses and Welfare Officers when dealing with the cases as a whole.

It is believed that earlier home supervision of lonely old people with an increase of all the ancillary services in the home such as increased hours of some home helps, visits by health visitors, encouragement of friendly visits by voluntary social workers, domiciliary physiotherapy and night companions or attendants will all help to prevent the senile deterioration which one finds with so many old people. Keeping the aged healthy in mind and body is also of paramount importance when one is faced with the difficulties of hospitalisation, if and when domestic arrangements break down.

A new physiotherapy van was equipped and Mr. Stratford Leach assisted by Mr. Holley were again in charge of the operation of the domiciliary physiotherapy.

Night Nursing Service.

There has been no change in this Service. As previously reported it has been found difficult to meet the whole demand.

Night-nurses were supplied in 11 cases, the time varying between 2 and 5 weeks, but an average of 4 weeks.

THE HOME HELP SERVICE.

The cost of the Home Help Service in 1956, when 2,266 persons were assisted was £123,249, as against £108,748 in 1955, when 2,056 persons received help.

A large proportion of the persons assisted by the Home Help Service are elderly or chronic sick and there is little prospect of persons in this group being able to manage their homes without assistance. Indeed as they become older, increased help is required, to ensure that they can remain in their homes in reasonable comfort and cleanliness. Where patients are confined to bed and there are relatives able to help care for them, every effort is made to see that the Home Help and the relatives work together to the advantage of the patient.

In cases where there are no relatives, the Home Help endeavours to take, as far as possible, the place of the missing relative. By her tact, helpfulness and tolerance, she can be of great comfort to these unfortunate persons.

Tuberculous patients continue to receive Home Help, where necessary, while receiving domiciliary treatment, but there is no increase in the demand for help in this type of case and the number of maternity cases assisted remained the same as 1955.

MEDICAL COMFORTS APPLIANCES SCHEME.

This Authority employed a Medical Appliances Officer, and the organisation of the Medical Comforts Appliances Scheme was in his hands. The Council at the end of 1956 had a central depot of equipment and 62 local dépôts.

Most of the Medical Comforts Depots were housed in premises belonging to the St. John Ambulance Brigade or the British Red Cross Society. The Monmouthshire County Council provided the medical appliances and the members of the above organisations undertook the issue of these comforts where necessary and also saw to the return of the articles to their dépôts when they were no longer required by the patients. For these services the Monmouthshire County Council paid a small sum to each dépôt as rental, according to the size of the dépôt.

Provision of the Service appeared to be equal to all demands, and considerable economy of equipment was effected by arrangements made centrally for transfer of appliances from one dépôt to another as unusual demands occurred in various areas.

Articles supplied under this scheme, included air-beds, air-rings, bed-pans, bed-rest, bed-tables, bed-cradles, crutches, feeding-cups, invalid folding chairs, mackintosh sheets, spinal carriages, night commodes and urinals, etc., and were issued and re-issued on receipt of a medical certificate, which must be renewed if the illness is prolonged. Provision was also made to supply Nursing equipment for Paraplegics. These patients will have had many months, often several years, of highly specialised medical and nursing treatment before their rehabilitation is regarded as complete enough to enable them to be resettled in the community, and it has been the responsibility of the special paraplegic centres to recommend the County Medical Officer of Health to obtain necessary Nursing equipment under the provision of Section 28 of the National Health Service Act, *e.g.*, hospital-type bed, dunlopillo mattress, and bed pulleys.

MEDICAL APPLIANCES PROVIDED IN 1956.

No. of Depots at end of 1956.	No. of Patients.	No. of Articles issued.	Length of Period in use.	Articles damaged and unfit for further use.
63	3,407	10,201	50 % 1 month 50 % longer period	208

CONVALESCENT TREATMENT.

In July, 1949, the County Council exercised its powers under Section 28 of the National Health Service Act, 1946 (Prevention of Illness, Care and After-care), and established a scheme whereby adult males and females were able to obtain convalescent treatment at the "Rest" Convalescent Homes, Porthcawl. The County Council made a subscription to the "Rest" Homes Authority, in return for which admission notes were supplied, as soon as vacancies occurred, for the patients recommended.

Patients eligible are those who are not in need of medical treatment and who are ambulant and able to attend to simple needs for themselves. Applications are received either direct from patients, supported by a medical certificate, or from medical practitioners. Applicants are then examined by a Medical Officer of the County Council and the cases are presented to the Health Committee for approval or otherwise. It is a condition of acceptance that applicants shall be assessed in accordance with the Council's scale of income.

From April, 1956, to October, 1956, 149 Monmouthshire cases (50 males and 99 females) were admitted for convalescent treatment. 174 applications were received; 9 were rejected on account of age; 8 did not accept vacancies due to ill-health; 4 applications were withdrawn, and 3 cases died before admission. One case applied too late.

On October 31st, 1956, the "Rest" Homes closed down for the winter.

DOMICILIARY MIDWIFERY SERVICE.

There was one full-time Supervisor of Midwives and at the end of 1956 the number of whole-time County Midwives was 53. In addition there were 3 part-time Midwives, 11 District-Nurse-Midwives, 1 part-time District-Nurse-Midwife, and 4 Independent Midwives. The Independent Midwives attended no cases during the year.

With 47 midwives engaged in hospital and maternity homes, the total number of midwives on the County Register at the end of 1956 was 119.

The births (live and stillbirths) notified during the year 1956, with figures for four preceding years, were as follows:—

<i>Notified by</i>		1956.	1955.	1954.	1953.	1952.
County Midwives	...	2,098	1,873	2,209	2,143	2,073
Independent Midwives	...	—	18	5	5	11
Maternity Hospitals and Maternity Homes	...	3,294	2,972	2,867	3,252	3,138
Total	...	5,392	4,863	5,081	5,400	5,222

The above figures are before adjustment for any transferred notifications.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives' Act, 1951, by a Midwife:—

(a) For Domiciliary Cases:

(i) Where Medical Practitioner had arranged to provide the patient with Maternity Medical Service under the National Health Services	301
(ii) Others	150
Total	451

(b) For Cases in Institutions	930
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Particulars of Midwives in respect of Inhalation Analgesics at the end of 1956.

There were 45 Institutional Midwives in the area at the end of the year who were qualified to administer inhalation analgesics in accordance with the requirements of the Central Midwives Board, also 68 Domiciliary Midwives, and 4 Domiciliary Midwives in private practice. There were 68 sets of gas and air analgesia apparatus in use and they were used in 1,461 cases where the administrator in domiciliary practice was acting as a midwife, and 185 when acting as a maternity nurse. There were no sets in use for the administration of "Trilene."

The number of cases in which pethidine was administered by midwives in domiciliary practice during the year when acting as a midwife was 722, and when acting as a maternity nurse was 129.

Midwives Acts, 1902—1936.

Report upon Domiciliary Midwifery Visits in the County.

Number of Ante Natal Visits	...	...	14,121
Number of Live Births attended (Actual)	...	...	2,047
Number of Still Births attended (Actual)	...	...	34
Number of Miscarriages attended	...	...	99
Number of Daily Nursing Visits	...	...	36,161
Number of Hospital Post-Natal Nursing Visits			5,232
Number of Hospital Post-Natal Cases Visited	...		2,616

Domiciliary Midwives made the usual minimum of 17 visits to every case confined at home, and about 10 visits were made to each case of miscarriage.

Maternity cases discharged from hospitals or Maternity Homes 9 or 10 days after confinement were cared for at home by the domiciliary midwives who attended for the regulation period of 14 days, or longer if necessary.

Supervision of Midwives, as required by the Midwives Act, was carried out by a non-medical Supervisor, who made periodic visits.

A few cases of puerperal pyrexia were notified but no serious effects were recorded. Compulsory notification of these cases both to the family doctor and to the Supervisor of midwives ensured prompt treatment, with benefit to the patient and the prevention of spread of infection by the Midwife concerned. Anti-biotics continue to play an important part in the treatment of these cases.

An increasing number of midwives availed themselves of the opportunity when acting as a midwife rather than a maternity nurse, of administering pethidine to patients during labour. The issuing of prescriptions for pethidine

was strictly controlled by the non-medical Supervisor of midwives on behalf of the County Medical Officer.

Gas and air analgesia was available to all patients physically fit to receive it, and all domiciliary Midwives had possession of their own apparatus. There were no sets in use for administration of "Trilene."

Ante-natal visits were made by domiciliary Midwives to patients in their own homes to ensure that medical advice was being carried out, and co-operation between the Midwives and General Practitioners was good.

3 Midwives attended a refresher course at Oxford, and 3 a course at Southport, which were arranged by the Royal College of Midwives, and approved by the Central Midwives Board. After 1957 an attendance at one of these courses every five years becomes compulsory. Considerable difficulty is likely to be experienced in implementing these regulations due to the fact that replacements for staff wastage are not forthcoming. There has been no response during the year to repeated advertisements for County Midwives and District Nurse/Midwives.

Maternity Homes were inspected by the Medical Supervisor of Midwives every six months, and all cases of outbreak of infection were reported to, and investigated by her.

Training of Midwives.

Pupil Midwives attended St. James' Hospital, Tredegar, for training in Part II of the Central Midwives' Board Certificate. The Hospital is a recognised training school for this part, and the instruction includes domiciliary work in district work in Tredegar, Rhymney and Ebbw Vale under the supervision of County Midwives who have been approved by the Central Midwives Board as teachers.

Premature Babies.

These have been referred to earlier in this report but it should be recorded that the Maternity Units at the County Hospital, Griffithstown, St. Woolos Hospital, Newport, and St. David's Hospital, Cardiff, have continued to render excellent service by the prompt admission of premature babies who required special attention which could not be given at home.

HEALTH EDUCATION.

The Council had no Health Education Officer, but the County Supervisor of Health Visitors assisted greatly in this work. She enlisted the help of the Health Visitors, and every opportunity was taken by them to spread the propaganda of Health Education. Much good work, if unspectacular, was done by the Health Visitors in their visits to homes. A good Health Visitor often be-

comes a friend of the people she visits, and in this capacity it is often possible to give a little gentle advice in the home. After all, it is in the home where many accidents take place and where a little thoughtlessness in every-day actions may result in injury or sickness. A little tactful suggestion may often remove a possible source of danger which may have been present for some time, but had been overlooked because "it had not caused any trouble so far". In the quiet of the home it is also possible to emphasise the need for immunisation against diphtheria, the advisability of vaccination against smallpox, etc.

In the Maternity and Child Welfare Clinics, where premises were suitable, lectures were given by Health Visitors and included all aspects of public health, with special emphasis on immunisation and vaccination as a means of preventing infectious disease. Visual aids were of great help, and in addition to the use of a film-strip projector, flannel-graphs were still widely used. In many centres the mothers set to with a will, and designed models demonstrating the point to be made. The models in many instances showed considerable ingenuity.

At two of the Clinics an evening class was held once a fortnight by Health Visitors.

At the Ante-Natal Clinics, lectures on anatomy as related to the reproductive processes were given, and these were found to be much appreciated, especially as they helped to allay any fear of the unknown which was present in the minds of some of the attenders. Midwives attended some of the clinics and gave demonstrations in the use of gas and air analgesia apparatus.

In Schools some talks were given by Health Visitors, special attention being given to the secondary schools. It would no doubt be of value if lectures were given to the older girls on personal hygiene, especially if they were given by a medical officer. Until now, the pressure of other work on medical officers has not made this possible, but the matter has not been lost sight of.

On Monday, 7th May, 1956, Dr. A. J. Dalzell-Ward, Deputy Medical Director of the Central Council for Health Education, conducted a Lecture and Discussion for Health Visitors on the Teaching of Parentcraft. This was held at the County Hall, Newport, with Alderman E. C. Hutchins, J.P., as the Chairman.

Dr. R. A. Hoey demonstrated the use of a puppet-show, as a means of health education, at the Newbridge Clinic on Tuesday, 8th May. This was followed by a discussion on the operation of health education and was directed by Dr. Dalzell-Ward.

At Newbridge Clinic, Dr. W. Emrys Davis, Education Officer of the Central Council for Health Education held a one-day course on Thursday, May 10th, 1956, for Midwives and Health Visitors. The subjects dealt with were The Theory of Display and Display in Practice. Those attending the course were invited to take with them display material which they had used in Welfare Centres. There was afterwards an appraisal by Dr. Davis of the displays set up by the Health Staffs.

In August, 1956, a Health Education display was put on in conjunction with the Road Safety exhibit, at the Monmouth Agricultural Show. Posters and models were on view, leaflets were handed out, and the Superintendent Health Visitor, assisted by other Health Visitors, was in attendance. This effort was repeated in a similar manner at the Abergavenny Agricultural Show on September 1st.

Contributions to health education are continually made by clinic doctors, school medical officers, dental officers, sanitary inspectors and other officers in the course of their normal duties, and advice given under such circumstances may frequently bear fruit where other methods fail.

It would appear that Health Education is making its impact felt and that the general population is becoming more health-conscious, and realising how they can contribute to their own well being.

MENTAL HEALTH SERVICE.

(1) Administration.

(a) DUTIES OF ADMINISTRATION OF MENTAL HEALTH SERVICE are dealt with by the No. 2 Standing Sub-Committee which meets monthly.

(b) NUMBER AND QUALIFICATIONS OF STAFF EMPLOYED IN THE MENTAL HEALTH SERVICE.

1. County Medical Officer.
2. Assistant Medical Officer for clinical and administrative duties.
3. Clerical staff of three.
4. Three mental health workers.
5. One home teacher.
6. Ten duly authorised officers devote one-third of time to Mental Health Service.
7. Occupation Centre Staff of 2 supervisors, and 12 assistant supervisors.

(c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.

1. *Institutions for Mental Defectives.*

By arrangement, the Department's Mental Health Workers supervise patients on trial and on licence from such institutions. When asked visits

are made to homes of patients pending discharge, and reports are furnished on patients on trial and on licence.

2. *Mental Hospitals.*

Mental Health Workers have continued domiciliary visiting of patients discharged from St. Cadoc's into civilian life. This Service is of great value to the hospital and to patients in aiding rehabilitation.

Total number of visits paid by Mental Health Workers:

1955	...	167	1956	...	245
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(d) VOLUNTARY ASSOCIATIONS.

There are no voluntary associations in the County concerned with Mental Health and sickness. The Occupation Centre Staffs have cordial relations with the Parents' Association for Mentally Handicapped Children.

(e) TRAINING OF MENTAL HEALTH WORKERS.

During the current year no arrangements were made for training Mental Health Workers, but social science students from the university of Wales have been afforded opportunities of case work study during vacations.

(2) **Account of Work Undertaken in the Community.**

(a) WORK UNDERTAKEN UNDER THE LUNACY AND MENTAL TREATMENT ACTS 1890-1931, BY DULY AUTHORISED OFFICERS.

The following table gives details of patients who were admitted to and discharged from Mental Hospitals 1st January—31st December, 1956.

Admitted:

<i>Voluntary.</i>				<i>Certified.</i>			
		<i>Male</i>	<i>Female</i>			<i>Male</i>	<i>Female</i>
Abergavenny	...	310	320	Abergavenny	...	74	81
Caerleon	...	65	59	Caerleon	...	1	2
Swansea	...	—	1				
Bridgend	...	4	3				
Whitchurch	...	—	1				
Tone Vale	...	1	—				
		<hr/>	<hr/>			<hr/>	<hr/>
		380	384			75	83
		<hr/>	<hr/>			<hr/>	<hr/>
Total	...	764		Total	...	158	
1955	...	620		1955	...	153	

Discharged:

<i>Voluntary.</i>			<i>Certified.</i>		
	<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
Abergavenny ...	271	261	Abergavenny ...	45	78
Caerleon ...	57	55	Caerleon ...	2	1
Whitchurch ...	2	4			
Tone Vale ...	2	—			
Bridgend ...	5	6			
	<hr/>	<hr/>		<hr/>	<hr/>
	337	326		47	79
	<hr/>	<hr/>		<hr/>	<hr/>
Total ...	663		Total ...	126	
1955 ...	569		1955 ...	86	

(b) WORK UNDERTAKEN UNDER THE MENTAL DEFICIENCY ACTS, 1913-38
BY MENTAL HEALTH WORKERS.

i. Visits carried out by Mental Health Workers:—

	1954.	1955.	1956
Mental Defectives ...	3,200	3,340	2,858

(ii) Number of new cases reported and investigated during 1956:

	1954			1955			1956		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
* (a) Under Sect. 57(3) ...	4	11	15	21	16	37	4	9	13
* (b) Under Sect. 57(5) ...	17	6	23	19	7	26	20	10	30
(c) Other Sources ...	5	6	11	15	18	33	18	8	26
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	26	23	49	55	41	96	42	27	69
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

* Education Act, 1944.

Number of Cases under Statutory Supervision on 31-12-56:

1954			1955			1956		
M.	F.	T.	M.	F.	T.	M.	F.	T.
313	317	630	342	327	669	339	326	665

Number of Cases under Voluntary Supervision on 31-12-56 13 12 25

Cases in Certified Institutions at 31-12-56.

	M.	F.	T.
1954 ...	151	165	316
1955 ...	147	171	318
1956 ...	158	171	329

Admitted during 1956	...	...	23
Died during 1956	...	...	4
Discharged during 1956	...	...	8

Mental Defectives awaiting urgent Institutional Accommodation :

		M.	F.	T.
on 31st December, 1955	...	22	21	43
on 31st December, 1956	...	20	16	36
Licence Cases at 31-12-56 :				
to Farms	...	2	—	2
to Parents	...	—	4	4

2 4 6

(c) GUARDIANSHIP.

	M.	F.	
Mrs. M. E. Roberts	2	1	(Under 16 years of age).

(d) OCCUPATIONAL TRAINING.

There are three types of occupational training which can be carried out by the Mental Health Service:—

- (i) Home Teaching Service.
- (ii) Group Teaching.
- (iii) Training and Teaching at an Occupation Centre.

(i) *Home Teaching* was carried on throughout the year in districts not catered for by an Occupation Centre and 20 pupils received instruction in handicrafts. In addition 24 homes have been visited (76 visits) where there is a very young handicapped child and the mother advised, encouraged and supported in the early training of her child and in the necessary family re-adjustment consequent upon the realisation that a new baby is sub-normal.

(iii) *Occupation Centre Training.* The Occupation Centre, now firmly established at Garndiffaith has continued throughout the year to cater for the needs of the mentally defective children, adolescents, and young adults in the Eastern Valley and Eastern Rural area.

The re-organisation of class teaching has been developed with outstanding results and it has been found that just as in normal schools children are found of greater and lesser ability so it is in the Centre, and a good proportion of the higher grade mental defectives respond to class teaching of normal subjects albeit at a much slower pace. It is gratifying to record that some are learning the rudiments of reading, writing and arithmetic. The interest shown in current affairs and social geography

show an awakening interest and a thirst for knowledge comparative to that shown by normal children of a like mental age.

The Workshop facilities are fully utilised and the woodchopping section has developed into a remunerative industry. Shoe repairing and gardening also provide useful activity but these manual tasks are now combined with a varied programme of educational work.

The older girls continue to receive training in the housewifery arts but not all are so inclined and we feel the need for alternative facilities, e.g., workshop and a laundry.

The highlight of the year was the coming into service of the second Occupation Centre at Sunninghill, Tredegar. This commodious house is situated on high ground in its own spacious gardens on the outskirts of the town and has been most generously adapted and equipped for the training of children of all ages and adolescent and young adult women. The Centre was opened by Alderman Hutchins, Chairman of the Health Committee, in May, 1956, before a large attendance of Council members and invited guests including the Senior Commissioner of the Board of Control, Dr. Wilson, who commended the excellent provision made by the County Council for the pupils at this new Centre. Class teaching and training is carried out on the well-tried and successful methods obtaining at Garn-diffaith, but a workshop for adolescent boys and young adults is much needed.

During the year 66 boys and 81 girls have been in daily attendance at the Centres ably cared for by the two supervisors and their 12 assistants.

(e) SHORT-TERM CARE.

Mrs. Roberts, The Old Rectory, Porthkerry, has continued during the year, to cater for child patients for short periods, for whose maintenance the County Council bears the cost, the parents paying part, according to scale. This service is invaluable, giving the parents a much needed rest and thereby preventing serious breakdown in health in some cases. Older defectives are admitted from time to time to Hospital under a Short-term Care Scheme in which the cost is borne by the Regional Hospital Board.

			M. F. T.		
National Health Service Hospital	...	...	4	4	8
Mrs. M. E. Roberts, The Old Rectory, Porthkerry			3	3	6

(3) Developmental Diagnostic Clinic.

The need for early diagnosis, treatment and training for the physically and mentally handicapped is now universally recognised and this

pioneering clinic now occupies an accepted place in our County Health Service. Clinics are held at Newport and other Council premises throughout the County where the detailed examination reveals not only the cause of backwardness but with a social worker in attendance provides an opportunity of arranging for immediate treatment and training, giving to the parents support and encouragement in what may well seem a social disaster.

During the year 1956 a further eighty children were examined with defects as follows:—

Cerebral Palsy	24
Mongols	18
Hydrocephalics	3
Primary Amentia	9
Primary Amentia and Epilepsy ...	2
For adoption	2
Backward (E.S.N.)	12
Deaf	3
Meningocele Sp. Bifida	3
Cretin	1
Normal	4
	—
	81

Through the working of this clinic we should be able to predict year by year the number of children who, on reaching school age will require special education. A certain number of severely retarded children have been admitted to the nursery classes of the Occupation Centres for social training and observation; this is a social service of value not only to the child but to the family providing relief for the frequently overburdened mother of young families. It is a service much appreciated by the paediatricians and other consultants with whom close liaison has been successfully fostered, moreover it ensures that no child is ascertained to be mentally defective until exhaustive testing and prolonged observation has been done.

Child Guidance.

The Child Guidance Service for the treatment of Maladjustment in children is the joint effort of the School Health and Education Departments, and has been approved by the Minister of Education. Throughout the year the Service has functioned smoothly and efficiently with benefit to children, parents and schools.

The organisation follows closely on the lines suggested in the Report of the Committee on Maladjusted Children, issued by the Minister of Education (1955). The Child Guidance Team therefore, comprises:—

- (i) a psychiatrist, provided by the Regional Hospital Board.
- (ii) educational psychologist.
- (iii) psychiatric social worker.

The Medical Officer for Mental Health directs the Service, the sessions are held in the School Clinic, Stanley Road, Newport, and the Mental Health Department provides clerical assistance.

The Team meets on alternate Tuesdays, and the length of the Waiting List testifies to the need for and success of the Service.

The work of the Team has of necessity had to be mainly diagnostic, owing to a shortage of psychiatric time, but where necessary remedial work has been carried out by the psychiatrist at St. Cadoc's Hospital. Moreover, remedial work has been undertaken in the Schools by the psychologist and in patients' homes by the psychiatric social worker.

An interesting feature of this work has been the discovery of a number of children whose behaviour problems were found to be due to Epilepsy not previously diagnosed, but confirmed by electro-encephalograph examination carried out at St. Cadoc's Hospital by the psychiatrist.

Number of Cases on Diagnostic Waiting List, 1-1-56	...	...	...	...	19
„ „ Cases referred during 1956	...	...	...	...	140
„ „ Cases examined during 1956	...	...	...	...	117
„ „ New cases examined during 1956	...	...	...	...	92
„ „ Appointments offered but not kept in 1956	...	...	...	...	14
„ „ Cases closed during 1956	...	...	...	...	64
„ „ Cases on Diagnostic Waiting List, 31-12-56	...	...	...	...	27

Analysis of Diagnosed Cases:

(a) conduct disorder	...	...	...	...	...	27
(b) habit „	...	...	...	...	...	6
(c) nervous „	...	...	...	...	...	17
(d) educational „	...	...	...	...	...	14
(e) mental deficiency	...	...	...	...	...	4
(f) psychosis	...	...	...	...	...	1
(g) physical disorder (including Epilepsy)	...	...	...	...	...	12
(h) no abnormality found	...	...	...	...	...	11

With the co-operation of the Regional Hospital Board and the appointment of an Assistant Educational Psychologist it is anticipated

that a second Child Guidance Team will begin to function at Tredegar early in 1957, which will relieve the waiting list considerably.

Cerebral Palsy—"Spastics".

The Cerebral Palsy Scheme which was described in detail in the Annual Report for 1955 continues to operate with very satisfactory results.

Patients are divided into three classes :

(i) School age	89
(ii) Pre-school age (under 5) ...	32
(iii) Over school age (over 16) ...	22
— Total	143

(i) *School age*—with the co-operation of the Education Department and on the recommendation of the consultant orthopaedic surgeon these handicapped children of school age are all now benefiting from regular education either in normal schools (19), at special residential schools (15) or with home teachers (6), with the exception of those ascertained to be mentally defective (26) and of whom ten are in daily attendance at occupation centres. All are receiving active physio-therapy.

(ii) *Under School age*—these children have all been examined at the Developmental Diagnostic Clinic and are having active physical treatment. Even so it is anticipated that only about half will be able to take their places in ordinary schools.

(iii) *Over School age*—only those adolescents whose physical disability is of continuing handicap are retained on the Register, the greater number so retained being mentally defective and for whom the Occupation Centre workshop provides an outlet for their impaired usefulness and where they can continue training under sheltered conditions.

Epileptics.

A register is kept of all cases of epilepsy coming to the notice of the department. Information is received from a number of sources, i.e., School Medical Inspectors, Assistant Medical Officers, Health Visitors, Head Teachers, the Child Guidance Clinics and to a great extent from Consultant Paediatricians. Co-operation between the Child Guidance Clinics and the Paediatricians is of great value, as arrangements have been made that where behaviour problems complicate the epileptic condition, the cases are kept under the supervision of the former, whereas otherwise the medication is controlled by the physician. Diagnostic electro-encephalograms are carried out on request at St. Cadoc's Hospital, Caerleon.

Suitable cases are dealt with by my School Health Department under the Handicapped Pupils Regulations, and admissions to Special Schools arranged. However, there are many other cases which lead normal lives when adequately controlled by sedative drugs, and for some time concern has been felt as to the necessity for supervision at home of prescribed medication. To help with this a scheme has been devised whereby arrangements are made for Health Visitors to be notified by the School Health Department of all cases under the care of physicians which are notified by them, and for which the General Medical Practitioners have been asked to prescribe. The Health Visitors are informed as to the nature of the treatment prescribed and asked to call at the homes as often as possible to ensure that the drugs are taken and also to see that follow-up specialist appointments are kept. Cases discovered at the Child Guidance Clinics are similarly dealt with.

Some epileptics are in attendance at Occupation Centres, and Home Training and Occupational Therapy are available for the home-bound epileptic mental defectives who are unable to attend Occupation Centres.

Convalescence.

There were no children at Convalescent Homes during the year.

PREVENTION OF BLINDNESS AND CARE OF BLIND PERSONS.

The Welfare of blind persons remained the responsibility of the Council's Welfare Department, and was provided for by the National Assistance Act, 1948. The certification of blindness still remained the duty of the Health Department.

Local Welfare Officers referred to the patients' Medical Practitioners any cases of blindness or partial-sightedness coming to their notice. The practitioners then referred suitable cases to the County Medical Officer for the necessary ophthalmic investigation. Cases were also referred to the Health Department by local offices of the National Assistance Board.

When the patients were fit to travel, appointments were given for examination by Mr. G. W. Hoare, F.R.C.S., at his Newport Clinic. In March, 1955, the Minister of Health (vide Circular 4/55 (Wales)) decided that in order to secure the highest possible standard of diagnosis and prognosis, and the best possible recommendations for treatment, applicants for registration should in all cases be examined by ophthalmologists of consultant status, and consequently the domiciliary visits were made by Mr. G. W. Hoare, F.R.C.S., and by Mr. R. Vaughan-Jones, F.R.C.S. The patients were then certified as Blind, Partially Sighted, Not Blind, and/or recommended for re-examination at a fixed period. The latter recommendation was for detection of possible deterioration. Recommendations for treatment were made where required and arrangements made for this to be carried out.

After certification as blind or partially sighted, the case papers were forwarded to the County's Director of Welfare for his attention.

On December 31st, 1956, there were 1,092 blind or partially sighted persons on the County Register, of whom 505 were male and 587 female.

During the whole of 1956, 187 cases were referred to this Department for examination. The results of these examinations led to the certification of 45 persons as blind, 59 as partially sighted, and 1 not blind. Of the total of 187, 49 were re-examinations and 33 did not keep the appointments made for them. Of the 49 re-examinations, 11 partially sighted persons were found to be blind; and 1 blind person was found to be partially sighted. There were 5 inward transfers of blind persons from other Authorities. 9 operations for cataract were carried out at the County Hospital, Griffithstown, as a result of recommendations made at the time of the examinations. The majority of aged persons refused to have surgical treatment although recommended.

During the year Mr. G. W. Hoare, F.R.C.S., made 111 domiciliary visits to examine persons who were unable to travel to Newport. The results of these examinations led to the certification of 67 as blind and 24 as partially sighted. Of this total of 111, 14 were re-examinations and 1 was found to have died. Of the 19 re-examinations, 13 partially sighted persons were found to be blind. 1 blind person was found to be partially sighted, one was still blind, 4 were still partially sighted, and 1 was not blind.

Mr. R. Vaughan-Jones, F.R.C.S., also made 14 domiciliary visits to examine persons who were unable to travel to Newport. 8 of these were found to be partially sighted and 1 was not blind. The remaining 5 were re-examinations, and of this total 1 partially sighted person was found to be blind, and 4 were still partially sighted.

Follow Up of Registered Blind and Partially Sighted Persons.

	CAUSE OF		DISABILITY.	
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during 1956 in respect of which para. 7 (c) of Form BD8 recommends:				
(a) No treatment:				
Blind	7	13	1	99
Partially sighted	1	—	—	54
(b) Treatment (medical, surgical or optical):				
Blind	6	2	—	24
Partially sighted	17	—	—	24

Number of inward transfers to Blind Register: 5.

Ophthalmia Neonatorum.

(i) Total number of cases notified during 1956	2
(ii) Number of cases in which:—	
(a) Vision was lost	—
(b) Vision was impaired ...	—
(c) Treatment was continuing at the end of the year ...	—

MEDICAL EXAMINATIONS OF STAFF, ETC.

All staff are examined by Assistant Medical Officers prior to permanent appointment. The number examined including School Canteen Workers, during 1956 was 884.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.**Cancer.**

During the year 1956 the number of deaths from Cancer was 609, an increase of 12 over 1955. The following table shows the incidence of the disease over the past 13 years:

All forms of Cancer.

1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
609	597	564	624	569	569	537	563	557	532	503	499	467

Cancer of lung and bronchus.

1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944
105	106	70	107	74	74	59	—	—	—	—	—	—

Although the 1955 and 1956 figures are below that of 1953 it will be seen that the number of cases shows, over the thirteen years, a general relentless tendency to increase. Also given are the numbers of deaths from cancer of the lung and bronchus. Below is a table setting out deaths from cancer of the lung and bronchus in years, sex and age-groups and a point noted is the preponderance of males over females.

Incidence of Cancer of Lung and Bronchus. (Deaths).

URBAN DISTRICTS.

MALES.

Year Age Group	1956	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—
25—	2	1	2	3	3	2	4
45—	51	45	33	53	28	30	24
65—	20	28	16	20	17	20	10
75—	8	8	4	6	1	4	2
Total Males	81	82	55	82	49	56	40

RURAL DISTRICTS.

MALES.

Year Age Group	1956	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—
25—	—	—	1	—	—	1	1
45—	12	13	5	8	6	7	3
65—	3	2	2	5	4	1	—
75—	2	1	1	—	—	—	1
Total Males	17	16	9	13	10	9	5

FEMALES.

Year Age Group	1956	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—
25—	1	1	1	—	1	—	2
45—	4	1	1	4	7	4	6
65—	—	4	1	1	3	4	—
75—	2	—	2	3	1	—	1
Total Females	7	6	5	8	12	8	9

FEMALES.

Year Age Group	1956	1955	1954	1953	1952	1951	1950
0—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—
25—	—	—	—	—	—	—	—
45—	—	—	1	4	2	1	3
65—	—	2	—	—	1	—	2
75—	—	—	—	—	—	—	—
Total Females	—	2	1	4	3	1	5

	|1956|	|1955|	|1954|	|1953|	|1952|	|1951|	|1950|
Grand Total	| 105|	| 106|	| 70 |	| 107|	| 74 |	| 74 |	| 59 |

DEATHS FROM ALL FORMS OF CANCER.

Year.	No. of cases.	Increase or decrease in over cases previous year.	% Increase or decrease over previous year.
1950 ...	537	- 26	- 5%
1951 ...	569	+ 32	+ 6%
1952 ...	569	—	—
1953 ...	624	+ 55	+ 10%
1954 ...	564	- 60	- 10%
1955 ...	597	+ 33	+ 6%
1956 ...	609	+ 12	+ 2%

Year.	CANCER OF LUNG AND BRONCHUS.			CANCER OTHER THAN OF LUNG OR BRONCHUS.		
	No. of cases.	Increase or decrease in over cases previous year.	% Increase or decrease over previous year.	No. of cases.	Increase or decrease in over cases previous year.	% Increase or decrease over previous year.
1950 ...	59	—	—	478	—	—
1951 ...	74	+15	+25%	495	+17	+ 4%
1952 ...	74	—	—	495	—	—
1953 ...	107	+33	+45%	517	+22	+ 4%
1954 ...	70	-37	-35%	494	-23	- 4%
1955 ...	106	+36	+51%	491	- 3	-0.6%
1956 ...	105	- 1	- 1%	504	+13	+2.6%

Tuberculosis.

Under the Public Health (Tuberculosis) Regulations, 1952, in the year 1956 there were 228 primary cases of Pulmonary Tuberculosis notified and 33 deaths were registered. Of other forms of Tuberculosis 20 cases were notified and 2 deaths registered. The total number of primary notifications of all forms of Tuberculosis was therefore 248, and the number of deaths from all forms of Tuberculosis was 35. In 1955, 268 cases of Pulmonary Tuberculosis were notified and of other forms 28 cases. In this latter year 49 deaths from the pulmonary form and 4 from other forms were registered.

Registered deaths from Tuberculosis were again compared with the cases notified by the District Medical Officers of Health, and when it was found that a death registered by the District Registrar had not previously been

notified by the District Medical Officer of Health as a primary notification, it was included in the return of new cases coming to the knowledge of the Medical Officer otherwise than by formal notification, under the Public Health (Tuberculosis) Regulations, 1952.

The accompanying table shows the decline in the notification rate and death rate for both respiratory and non-respiratory tuberculosis. The figures for 1956 will be seen to be the lowest in the table.

The following table giving the notification rate and death rate per 1,000 of the estimated population is submitted for the purpose of comparison with previous years:—

Year.	Notification rate per 1,000 of population.		Death rate per 1,000 of population.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1938	1·01	·44	·60	·14
1939	1·25	·48	·64	·10
1940	1·60	·49	·57	·13
1941	1·12	·40	·51	·15
1942	1·12	·42	·62	·13
1943	1·32	·36	·60	·11
1944	1·33	·42	·52	·10
1945	1·10	·32	·57	·11
1946	1·16	·27	·49	·08
1947	0·98	·23	·55	·10
1948	1·21	·22	·52	·09
1949	1·19	·15	·49	·08
1950	1·06	·21	·30	·06
1951	1·14	·18	·27	·05
1952	1·09	·15	·25	·03
1953	0·91	·10	·19	·03
1954	0·91	·10	·18	·03
1955	0·83	·09	·15	·01
1956	0·71	·06	·10	·006

Summary notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations, 1952, during the year 1956, with the number of deaths notified by the Registrar-General is shown as follows:—

Primary Notifications of New Cases						DEATHS.					
Age Periods.	Respiratory		Non-Respiratory			Age Periods.	Respiratory		Non-Respiratory		Total.
	Males	Females	Males	Females	Total.		Males	Females	Males	Females	
0—	—	—	—	—	—	0—	1	—	1	—	2
0—	—	—	—	—	—						
1—	1	2	—	—	3						
2—	3	2	—	—	5						
5—	3	7	1	—	11						
10—	5	8	1	1	15						
15—	20	12	1	—	33						
20—	10	8	—	1	19						
25—	22	22	2	1	47	25—	2	8	—	—	10
35—	14	13	5	3	35						
45—	21	7	1	—	29	45—	9	5	—	—	14
55—	29	8	—	—	37						
65—	7	3	—	1	11	65—	6	1	1	—	8
75 and Upwards	1	—	—	2	3	75—	1	—	—	—	1
	136	92	11	9	248		19	14	2	—	35

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1956, to 31st December, 1956, otherwise than by formal notification.

Source of Information.		Number of cases in age Groups.														TOTAL	
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—			
Death Returns from Local Registrars	Respiratory	M	...	...	...	...	...	...	...	...	...	...	1	...	1	(A)
		F	...	...	...	...	...	...	...	...	...	...	...	...	—	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	—	(C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	—	D
Death Returns from Registrar General (transferable deaths)	Respiratory	M	...	...	...	...	...	...	...	...	2	1	1	1	5	(A)
		F	...	...	...	...	...	...	...	...	1	1	...	...	2	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	—	(C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	—	(D)
Posthumous Notifications	Respiratory	M	...	...	...	...	...	...	...	...	1	...	2	...	3	(A)
		F	...	...	...	...	...	...	...	...	1	...	...	...	1	(B)
	Non-Respiratory	M	...	...	...	...	...	...	...	...	...	...	...	...	...	(C)
		F	...	...	...	...	...	...	...	...	...	...	...	...	...	(D)
Totals:		(A)	...	9	(B)	...	3	(C)	...	—	(D)	...	—				

From the previous table, it will be seen that 1 non-notified death from Tuberculosis was discovered through examination of the Death Returns received from local Registrar, but transferable death returns from the Registrar-General showed seven. There were 4 posthumous notifications.

Prevention and After-care of Tuberculosis remain the responsibility of the County Council, and the Health Department continued to work in close co-operation with the Chest Physicians.

Health Visitors visited domiciliary cases of tuberculosis to ensure that prescribed treatment was carried out. 1,176 visits were made to tuberculous households. They also attended Chest Clinics in their areas from time to time. There was no full-time tuberculosis visitor on the Council's Staff during the year.

The housing problem with regard to tuberculosis is continually under review, and every possible step taken with the District Councils to avoid overcrowding and disrepair.

Financial allowances to tuberculosis patients are the responsibility of the National Assistance Board.

Materials for Occupational Therapy for tuberculosis patients at home have been provided and paid for by the County Council.

Prevention, Care and After-Care.

The prevention of Tuberculosis is under the direct management of the Local Health Authority, matters of policy being determined by the Health Committee and day-to-day management being directed by the Medical Department. Moreover, the Area Health Sub-Committees receive, monthly, a statement of the new cases of Tuberculosis in their areas, with the action taken by the Medical Department and they then discuss the implications thereof.

Upon receipt of notification of new cases of Tuberculosis from the Chest Physician, an instruction is issued to the appropriate Area Medical Officer to visit each case and report thereon; he, subsequently, acts as the Area Administrative Officer for Tuberculosis. Upon receipt of information from the Area Medical Officer, the Health Visitor is notified of each new case of Tuberculosis in order that she may visit and advise on hygienic methods to be adopted in the home, both to prevent the patient spreading the disease and to safeguard other members of the household; and she follows up with subsequent visits to attempt to obtain a high standard of domiciliary hygiene. All contacts of diagnosed cases are asked to attend the Chest Physician for examinations, and approximately 60% of them do so.

A substantial amount of Preventive Tuberculosis work is now dealt with in a routine manner. The entire staff of Assistant Medical Officers and also Health Visitors have had training in methods of skin-testing, etc., and are engaged in Preventive work.

At all Infant Welfare Centres, annual skin testing of the babies is conducted as a routine, until a positive re-action is obtained. Positive reactions are followed up, and attempts made to find the infecting agent. In schools, all entrants are skin tested in their first year of attendance and positive re-actors referred to the Chest Physician or for examination by the Mass Radiography Service. Leavers are similarly investigated, and, in fact, all leavers as far as practically possible are offered examination under the Mass Radiography Scheme, as most parents appear to welcome this, irrespective of the result of the skin test, and also as the propaganda value is good. It is hoped at a future date to include pupils of the ages of 8 years and 12 years, respectively, in the investigations as a routine.

Children who, upon Medical Inspection at school, are suspected to be suffering from tuberculosis are referred to the Chest Physician.

Where a case of respiratory tuberculosis is discovered at school in a pupil, teacher, canteen worker, etc., a special investigation is carried out by the Chest Physician of all persons in the school.

The follow-up of contacts of patients who die from respiratory tuberculosis which was not diagnosed before death is carried out by the Chest Physician, as a result of notification of the names of such patients to him by either the Registrar-General or the Local Health Authority *via* the Welsh Board of Health.

With regard to employment of patients suffering from respiratory tuberculosis, there is close liaison between the Chest Physician in charge of the case and the local office of the Ministry of Labour concerning the nature of the occupation and the number of hours to be worked, etc.

Prevention of Tuberculosis in Schools.

During the first half of 1956 arrangements were made for tuberculin skin tests to be carried out on most of the school entrants and leavers during the school year. An explanatory letter was sent to the parent of each pupil, asking for consent for the proposed investigation and for X-ray examination if necessary or advised. The distribution of the letters was effected by the co-operation of Head Teachers, who gave information as to the numbers required. 12,963 letters and consent forms were sent out and 7,723 consents received, a consent rate of 59.6%. 208 schools were visited by Medical Officers or Health

Visitors and in the main Jelly Patch Tests were carried out, some of which were confirmed later by Mantoux tests.

Skin tests were carried out on 4,866 entrants and seven-year-olds, and positive results were obtained in 265 cases, a rate of 5%. In the case of leavers, skin tests were carried out on 4,240 pupils, and of these 1,092 yielded positive results, a percentage of 26 of the leavers tested. Unfortunately many pupils were absent or not available at the time of the visit for the application of the test or its later reading.

As part of the whole scheme for the prevention of tuberculosis in schools, arrangements were made with the Mass Radiography Service of the Welsh Regional Hospital Board for X-ray examination of many of the same pupils, for whom parent's consent had been obtained. A mobile X-ray unit visited the County in June, 1956, and investigation of school children was carried out at 11 centres, 6 of which were at schools. The centres were as widely distributed as possible, and were placed so as to be within easy reach of the greatest possible number of pupils from their respective schools. Where the distance was too great for walking, free transport was provided to and fro. All parties of pupils were accompanied by a teacher or teachers. Arrangements were made for all the consenting leavers to attend for X-ray examination together with all entrants who had given a positive tuberculin skin test but here again many of the leavers did not attend, although it was pleasing to note that nearly all of the recommended entrants attended with a parent.

In all, 5,099 pupils were X-rayed by the Mobile Mass Radiography Unit, and cases showing any abnormality were referred for further investigation. 5 cases of active tuberculosis of the lungs were discovered by Chest Physicians on follow-up examinations. 3 cases of known old tuberculosis were found, and there were 15 cases of healed primary complex. In addition a number of cases were recommended for observation and re-examination. 15 cases of suspected heart abnormality were reported by the Mass Radiography Unit. 3 were known cases of congenital heart disease. The others were referred for examination by Professor A. G. Watkins, who found 2 cases of Atrial defect, but no organic diseases in the others. One was a transposition of a normal heart. Bone abnormality was found in 16 pupils, and 6 were diagnosed as cervical rib. All the 16 were seen by Mr. D. N. Rocyn Jones, Orthopaedic Surgeon, and treatment prescribed where necessary.

I should like to express my thanks to the Medical Officer, Administrative Officer and Staff of the Mass Radiography Service for their co-operation and courtesy in connection with the above work. An investigation of this nature involves much co-ordinated organisation and the arrangements were most satisfactory. I am also indebted to the Special Services Department of the Director

of Education for arranging the transport and to the Head Teachers for so willingly helping.

This scheme, in addition to affording the detection of current disease, provides a valuable degree of health education, bringing to the notice of parents and older pupils the fact that such means of prevention are available.

TUBERCULOSIS CLINIC TIME TABLES.

NEWPORT AND EAST MONMOUTHSHIRE AREA.

PERSONNEL :

Chest Physician ...	...	Dr. M. I. Jackson.	Private Tel. No. 65623.
Asst. Chest Physicians ..		Dr. H. James.	
		Dr. H. Pick.	
		Dr. T. L. Hilliard.	
Clinic Sisters ...	...	1 full-time.	
		2 part-time.	

CHIEF CLINIC.

129, Stow Hill, Newport. Tel. No. : Newport 66781.

TIME TABLE.

<i>Clinics.</i>	<i>Days and Times.</i>	<i>Sessions.</i>
Newport. 129, Stow Hill.	Monday	9.15 a.m. Men only.
		2. 0 p.m. Refills.
		2. 0 p.m. G.P. X-ray Clinic
	to 4. 0 p.m.	(men and boys).
	Tuesday	9.15 a.m. Women only.
	2nd Tuesday	2. 0 p.m. Non-respiratory Clinic.
	Wednesday	9.15 a.m. Children only.
		2. 0 p.m. Contacts.
		5.30 p.m. Working Males.
	Thursday	9.15 a.m. Men only.
New and old cases, by appointments only.		2. 0 p.m. Refills.
		2. 0 p.m. G.P. X-ray Clinic.
	to 4. 0 p.m.	(women and girls).
	Friday	9.15 a.m. Women only.
		2. 0 p.m. B.C.G. Clinic.
	Saturday	9.15 a.m. Appointments only
	Tuesday	10. 0 a.m. Men only.
		2. 0 p.m. Women and Children.
	Thursday	9.30 a.m. G.P. X-ray Clinic.
	to 11. 0 a.m.	(men).
Pontypool. Park Buildings. Tel. No. 480.		11. 0 a.m. G.P. X-ray Clinic.
	to 12.30 p.m.	(women).
	2. 0 p.m.	By appointment only.

Abergavenny. Maindiff Court. Tel. Abergavenny 226.	Thursday	10.30 a.m.	New and old patients (by appointment only)
Monmouth. Cottage Hospital (Out-patients' Dept.). Tel. Monmouth 35.	1st & 3rd Friday	10.30 a.m.	New and old patients.
Chepstow. Chest Unit, Mount Pleasant Hospital. Tel. Chepstow 332.	Tuesday	2. 0 p.m.	New and old patients (by appointment).

RHYMNEY AND SIRHOWY VALLEY AREA.

PERSONNEL:

Chest Physician.	Dr. F. W. Godbey.	Private Tel. No.:
Asst. Chest Physician.	Dr. N. C. Norman.	Caerphilly 3167.
	Dr. J. E. G. Brieger.	
	Dr. M. C. McCabe.	
Clinic Sisters.	3 (1 half-time).	

CHIEF CLINIC:

"Heathfield," St. Martin's Road, Caerphilly.
Tel. No.: Caerphilly 2333 and 2334.

TIME TABLE:

<i>Clinics.</i>	<i>Days and Times.</i>	<i>Sessions.</i>
Caerphilly. "Heathfield," St. Martin's Road.	Monday,	9.30 a.m. Children.
	1st Monday,	10. 0 a.m. Pulmonary Surgery Clinic.
		2. 0 p.m. New patients.
	Tuesday,	9.30 a.m. New patients.
		2—3 p.m. Miniature Radiography (females).
		3.30—4.30 p.m. Miniature Radiography (males).
	4th Tuesday,	2. 0 p.m. Surgical Tuberculosis (alternate months) Clinic.
	Wednesday,	9.30 a.m. A.P. Clinic.
	"	2. 0 p.m. Old patients.
	Thursday,	9.30 a.m. New patients.
	"	2. 0 p.m. Old patients.
	Friday,	9.30 a.m. Old patients.
	"	2. 0 p.m. Contact and B.C.G. Clinic.
	Saturday,	9.30 a.m. Special Appointments.

Pontllanfraith. Llanarth Road. Tel. No. Blackwood 3281. 4th Tuesday, alternate months	Monday,	10. 0 a.m.	New and old patients.
	"	2.30 p.m.	A.P. Clinic.
	Tuesday,	10. 0 a.m.	Tomography Clinic.
	"	2.30 p.m.	Tomography Clinic.
	"	2.30 p.m.	Surgical Tuberculosis Clinic.
	Wednesday,	10. 0 a.m.	New and old patients (For Abertillery patients).
	"	2.30 p.m.	Old patients—bed cases.
	"	2.30 p.m.	Contact and B.C.G. Clinic.
	Thursday,	10. 0 a.m.	Special X-ray appointments.
	"	2.30 p.m.	Special X-ray appointments.
	Friday,	10. 0 a.m.	New and old patients.
	"	2.30 p.m.	Surgical cases.
	Saturday,	10.0 a.m.	Special appointments.
Ebbw Vale . Pentwyn House, Ebbw Vale Hospital.	Tuesday,	1.30 p.m.	New and old patients.
Nantyglo. Blaina & District Hospital.	Tuesday,	11. 0 a.m.	New and old patients. (Also for Brynmawr patients)
Rhymney. Redwood Memorial Hospital. (Closed January, 1955, and patients referred to Caerphilly Chest Clinic).	Monday,	2.30 p.m.	New and old patients. (2nd & 4th Mondays in month)
Tredegar. Tredegar General Hospital, O.P. Department, Market Street.	Thursday,	1. 0 p.m.	New and old patients.

Isolation Hospitals.

These are under the control of the Regional Hospital Board and are the responsibility of the Hospital Management Committee.

Smallpox Vaccination.

Vaccination of infants against Smallpox is not compulsory, but the administration of the arrangements for its performance is carried out by this Department.

Vaccinations were carried out by the Area Medical Officers and other Assistant Medical Officers of the County Council, with the assistance of General Practitioners taking part in the scheme.

Particulars of vaccination carried out for 1956 are shown on page 75.

No cases of generalised vaccinia or post-vaccinal Encephalomyelitis occurred during the year, and there were no deaths from complications of vaccination.

Smallpox.

No case of Smallpox was reported in the County during 1956.

Scarlet Fever.

The number of notifications of Scarlet Fever was 325. It was 236 in 1955.

Diphtheria.

During the year under review, there were no notifications of cases of Diphtheria.

	1956	1955	1954	1953	1952	1951	1950	1949
No. of Notifications	Nil	Nil	2	Nil	8	10	9	13
No. of Deaths ...	Nil	Nil	Nil	Nil	2	Nil	Nil	Nil

The importance of immunisation of children against Diphtheria cannot be over-emphasised, and every effort is made to impress this upon parents. The Health Visitors worked untiringly to make the immunisation scheme a success, and no doubt a large proportion of the children who are so protected is due to their efforts.

District Medical Officers of Health and Assistant Medical Officers carry out the necessary injections at Infant Welfare Clinics. Medical Practitioners also take part in the arrangements made by this Authority. Immunisation is also carried out at schools. Health Visitors receive the applications and send out the notifications of appointment to the consenting parents.

As a result of propaganda at the Infant Welfare Centres, many mothers show great interest in the arrangements and ask for "boosting" doses later.

Details of immunisation are given on page 74.

Puerperal and Post-Abortion Sepsis.

This is referred to later on page 64 under the heading of Maternal Mortality.

Ophthalmia Neonatorum.

This has been referred to earlier on page 5 under the heading of Maternity and Child Welfare.

Meningococcal Infection.

		1956	1955	1954	1953	1952	1951
No. of cases notified	...	2	3	3	4	6	14
No. of deaths	...	2	1	2	3	2	2

Acute Poliomyelitis.

		1956	1955	1954	1953	1952	1951
No. of cases notified	...	8	33	3	9	18	7
No. of deaths	...	Nil	2	3	1	2	Nil

Chicken Pox.

This disease was not compulsorily notifiable.

Measles.

		1956	1955	1954	1953	1952	1951
No. of cases notified	...	1,554	4,620	47	3,556	1,648	5,542
No. of deaths	...	1	Nil	Nil	3	1	7

Whooping Cough.

		1956	1955	1954	1953	1952	1951
No. of cases notified	...	437	399	839	556	667	1,087
No. of deaths	...	2	Nil	1	2	3	5

Influenza.

		1956	1955	1954	1953	1952	1951
No. of deaths	...	13	25	15	3	10	144

Acute Pneumonia.

		1956	1955	1954	1953	1952	1951
No. of cases notified	...	108	177	174	275	215	401
No. of deaths	...	123	140	134	127	110	138

Poliomyelitis Vaccination.

Following the receipt of Circular No. 2/56 (Wales) dated 19th January, 1956, from the Welsh Board of Health, arrangements were made to inform the general public, via advertisements, schools, maternity and child welfare centres, etc., that a scheme was being formulated whereby children of certain ages were to be given the opportunity of vaccination against paralytic poliomyelitis. Attention was drawn to the fact that consent to children's vaccination was entirely voluntary, and even though once given, could be withdrawn if desired. The children to be included in the scheme were those born between 1st January, 1947, and 31st December, 1954, inclusive. It was estimated that approximately 40,000 children fell into this category, and arrangements were

made for the printing of cards which bore explanatory letters to parents, details of the children and places for consenting signature of parents. Consent cards were distributed to all schools, including maintained, voluntary, private, etc., in sufficient numbers to cover all the eligible children, and also to all maternity and child welfare centres. Supplies were deposited at Area Health Committee Offices, District Council Offices, with Health Visitors, etc., and the public was also informed that cards could be obtained on application to stated addresses. About 32,000 consent cards were issued to schools, etc., or on application. As the Welsh Board of Health required by April 14th, 1956, information concerning the number of consents received, it was requested that all signed cards should be returned to me by March 29th, 1956. Consents were received in respect of 7,116 male children and 6,663 females a total of 13,779. This total was sub-divided into the sex, year and month of birth, making 192 sub-divisions.

A letter dated 1st May was received from the Welsh Board of Health stating that the children selected for vaccination with the first issue of the poliomyelitis vaccine, as first injections, were those born in :

- (a) November in each of the years 1947 to 1954, and in addition
- (b) March in each of the years 1951 to 1954.

Group (a) contained 482 males and 503 females, and

Group (b) 123 males and 161 females, a total of 1,269.

A reserve Group was stipulated as :

- (c) August in each of the years 1947 to 1954.

Group (c) contained 565 males and 512 females, a total of 1,077.

Instructions were received that the whole of this first issue was to be used for first injections. Injections were to be of 1 c.c. each and injected into the muscle of the upper left arm. Second injections were to be given not less than three weeks after the first, and all injections were to cease on June 30th, 1956. It was stated that children who were only able to receive one injection by that date should be given priority when the vaccinations were resumed about November, 1956.

Information was received that the vaccine should be kept under special cool conditions during actual use, and it was essential that it be stored in a refrigerator. It was not to be out of refrigerator conditions for a total of more than 24 hours before use.

On 3rd May, 1956, a consignment of 1,324 c.c. of the vaccine was received from Messrs. Glaxo, Ltd., and this was immediately refrigerated in the School Health Service Office. Comprehensive arrangements were immediately made

for the commencement of the vaccinations, but between the time of registration of the number of consents and the despatch of appointments for the actual vaccinations, 48 withdrawals were received. Written appointments were sent individually to the parents of each of the remaining 1,221 children, and clinics were arranged in a large number of places; in order to reduce inconvenience to parents as much as possible, 40 premises were used, spread widely over the County, and also 12 schools or places were visited by a mobile clinic.

Of the 1,221 children who were given appointments, 928 received an injection. 54 withdrawals were received, 121 asked for deferment owing to illness, or were deferred for a like reason at the clinics, and 118 failed to present themselves and did not send any reasons.

The first injections were given on 9th May and clinics were continued for the use of the first issue of vaccine until 18th May. During the whole of this time, supplies of the vaccine had to be taken from the refrigerator at the School Health Service and delivered either by the Medical Officer or Nurse-in-Charge of the Clinic or an officer of my Department, for use the same day, and any surplus returned to the refrigerator the same day. From almost every clinic some of the vaccine was being unused owing to non-attendances. The few exceptions were in country areas where only a few children were to be vaccinated, and these all attended.

The continual return of unused vaccine required the immediate arrangement of fresh clinics, as the time factor necessitated the use of the material soon so that second injections could be given at least three weeks later, and before June 30th. This process required the use of children from the reserve groups and clinics continued until 29th May. By this time a further 477 appointments had been sent out. Of these, 340 children were vaccinated, 18 withdrew, 53 asked for deferment and 66 did not attend, with no reason forthcoming. By this time 6 doses only remained in the refrigerator, some having been discarded, as a bottle once opened could not be used next day.

On 30th May a second consignment of 1,260 doses was received, and to this was added the previously remaining 6 doses.

Using the same premises as before further clinics were arranged and all children amongst the selected age groups who had received one injection were offered appointments for the second. Two withdrawals were received. As the number of doses available was in excess of the number of children awaiting second injection, appointments were offered to further children in the reserve group for a single injection only, as recommended by the Welsh Board of Health. As unused vaccine was received from clinics, others were arranged to use it up. With this second consignment, clinics continued up to June 29th,

This Council did not employ a Lady Enquiry Officer during 1956, but arrangements were made for confidential enquiries to be carried out by certain health visitors on request from the Treatment Centre. Co-operation was thus afforded between this Authority and the Treatment Centre as required by the National Health Service Act, 1946, Section 28.

The following numbers of new cases from Monmouthshire were treated during 1956 at the Royal Gwent Hospital, Newport:

	Syphilis	Gonorrhoea	Other Conditions
Royal Gwent Hospital, Newport ...	17	41	83

General Cleanliness.

The Health Visitors on the Staff perform splendid service in the way in which they help to provide a good standard of general cleanliness and in habits in the home. Their help in combating infestation of children with head-lice is invaluable.

Homes are visited periodically until children attain the age of 5 years and subsequently as found necessary at School Inspections, and Health Visitors are thus able to carry on the individual work of advising and assisting parents in respect of children of all ages.

The Nursery Schools in the County also play an important part in the educative work of teaching clean habits to the toddlers.

Number of Visits paid by Health Visitors during 1956:

	First Visits	Total Visits
To Expectant Mothers	285	504
„ Children under 1 year of age ...	5,046	17,407
„ Children between 1 and 5 years of age	—	36,335
In other cases	—	118
		(excluding 6,063 fruitless visits).

During the summer, three Health Visitors attended a two-week Refresher course at Southampton.

REPORT OF THE AMBULANCE SERVICE FOR 1956.

The Ambulance Service provided by the Council in fulfilment of the obligations placed upon them by Section 27 of the National Health Service Act, 1946, and Section 24 of the Amendment Act, 1949, continued to function

along the lines laid down in the Council's amended scheme formally approved by the Minister of Health in October, 1950.

The Ambulance Scheme.

In brief, the scheme outlined an Ambulance Service based upon five large Zone Control Stations sited on the western side of the county at Tredegar, Blackwood, Aberbeeg, Pontypool and Bassaleg, each such station to receive calls for ambulances direct and to provide the service in its allotted territory.

A Main Control to be established at the Ambulance Service Headquarters, Cambria House, Caerleon, would be responsible for co-ordinating the service between Zone Stations.

Service for the eastern side of the county would be by means of Headquarters based at sub-stations at Abergavenny, Monmouth and Chepstow, each operating under the direction of the Main Control.

The Ambulance Fleet comprising 45 ambulances and dual-purpose vehicles, with the necessary operational personnel, to be disposed as required at the Ambulance Stations.

A Repair and Maintenance Department for Ambulance Service vehicles was also to be established at Cambria House.

Hospital Officers, Medical practitioners, Midwives, District Nurses and other persons, authorised to call ambulances, were to be advised of the proper procedure and the appropriate station upon which to call. For calling an ambulance in circumstances of real *emergency*, the Council would continue the existing arrangements with the General Post Office, under which the Main Control telephone number—Caerleon 282, was exhibited at telephone exchanges throughout the county. By dialling "999," "0" or "01," according to local procedure, and asking the exchange operator for "Ambulance Service," the caller would be put through to the Main Control.

Development.

The Council had proceeded to develop the Ambulance Service in conformity with this scheme; the requirements of the Service were constantly under review and all necessary measures taken to meet new and increasing demands for transportation under the National Health Service. It had been anticipated that as various Health Services became more fully mobilized and the public educated in the use of the free health facilities available, additional problems of transportation would arise and it was splendid testimony to the soundness of the County Health Committee's advanced planning, that this loading had

been met by developing the Ambulance Service within the scope of the scheme and no major amendment had been necessary.

The Ambulance Service was now a highly organised and efficient unit of the County Health Department, capable of dealing effectively with all calls made upon it, within the scope of its intended purpose under the Act, and rendering valuable service in support of the Hospital and other Health Services provided in the Administrative County.

As a means of improving the efficiency of the Service, the County Health Committee had introduced radio-control of the ambulances and a system of two-way radio, installed by the Marconi Company and officially accepted by the Council in July, 1955, had quickly proved its many advantages.

Fuller use could now be made of all available transport and ambulances hitherto held in reserve for emergencies, were released for routine journeys within limited range and could be quickly re-directed by radio to the scene of accident or other urgency. The public now enjoyed a speedier service as generally, the lapse of time between call and arrival of an ambulance had been reduced and reports were frequently being received of ambulances appearing at the scene of need much sooner than expected.

Records for the year revealed a reduction in ambulance mileage representing approximately 7,000 miles as compared with the previous year and though this figure was much smaller than anticipated with radio-control, it was apparent that economies in mileage effected by this means were being largely off-set by the increasing use now being made of specialist hospitals involving longer journeys often with single patients.

Ambulance Service for National Coal Board.

Under a contract between the Council and the National Coal Board, the Ambulance Service dealt with 2,280 cases of accident and illness, involving 37,069 miles during the year on behalf of the Board.

Conveyance of Patients by Rail.

Where patients are to travel long distances, it is now recognised that such a journey can usually be accomplished by ambulance/rail/ambulance with less strain upon the patient than when the whole journey is by ambulance.

The journey is planned throughout by the Ambulance Service responsible for the provision of transport and the necessary reservations made with British Railways for either seats or a compartment in the case of a stretcher patient. Ambulance conveyance is provided to the entraining station and on

completion of the rail journey, ambulance transport is made available from the detraining station to the final destination by the Ambulance Service of the Local Health Authority in whose area the station is situated.

The excellent facilities provided by British Railways for this phase of patient transport, were used to full advantage by the Council's Ambulance Service during the year, the arrangements being highly satisfactory in all the many cases so conveyed. We are indebted to British Railways for this splendid service.

SANITARY CIRCUMSTANCES OF THE AREA.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Adequacy.

The drought period experienced throughout the latter six or seven months of 1955, continued during the Spring of 1956 and severely tested the resources of water suppliers. It is becoming increasingly noticeable that in times of water shortage priority is inclined to be given to the claims of industry. It cannot be emphasised too strongly that adequate water supplies properly used form the first line of defence in the constant struggle against disease and it is essential, and more especially so during the warm summer periods, that at all times sufficient water is available for personal washing, the washing of clothes, floors, utensils, etc., and for sanitary conveniences. This is an elementary concept of public health for which even increased care on the part of the people is no substitute.

Two administrative matters connected with water supplies in Monmouthshire occurred during the year, viz:—

1. The intention of Cardiff Corporation to promote a Bill in Parliament to abstract water from the Llandegveth Water Scheme, which it is now proposed to enlarge out of all recognition from the original Scheme, by pumping water from the River Usk in the vicinity of Monkwood. As has been stated in this Report for several years, this is one of the two sources, and in its present Scheme by far the larger source, to which Monmouthshire will have to turn for any increased supplies.

2. The issue by the Ministry of Housing and Local Government of a Circular No. 52/56 on the Re-grouping of Water Undertakings. Although this is primarily an administrative matter intended to increase the efficiency of water undertakings, it is hoped that it will ultimately help to secure improvement in water supplies to those areas which need them.

It is appropriate at this juncture to include in the Appendix a table setting out the sources of supplies used by Statutory Undertakings in Monmouthshire, the various distributing Authorities for each Urban and Rural area and some remarks upon the adequacy for public health services related to drought conditions.

Quality.

Generally, the bacteriological quality of the *treated* mains supplies remains good. Only 28 samples out of 445 failed the very stringent tests

applied to these waters. These failures were investigated until the source of contamination was found and eliminated. These supplies are checked frequently by the Public Health Inspectors of the Urban and Rural districts. During 1956, 934 samples were taken for bacteriological examination. 231 were from *un-treated* waters for use in public supplies, to ascertain whether the water would be fit to use after treatment and also to estimate the amount of treatment required. Of the 207 taken from *other supplies*, i.e., from wells, springs, bore-holes, etc., in isolated districts, 160 gave unsatisfactory results and served to illustrate the continued necessity of expanding public piped water to supplies to rural localities wherever possible. Twenty-six samples were submitted for chemical analysis. The chemical composition of water does not usually change rapidly. In total, 960 samples of water were taken for all purposes during 1956, as compared with 863 in 1955.

General Comments.

It was necessary to curtail supplies to most areas during the Spring drought.

The supply to Blaenavon continues to be a matter for grave concern.

In the Chepstow Rural district, Llangwm and Earlswood are particularly in need of piped supplies, as are also Llanhennock and Coedypaen in the Pontypool Rural district.

Part of Cwmbran continued to be badly affected by drought, but work on the schemes to increase supplies is continuing.

The following is a summary of the position of water supply schemes for which application for financial assistance has been made to the County Council under the Rural Water Supplies and Sewerage Acts:—

ABERGAVENNY RURAL DISTRICT. The scheme to supply Brynygwenin, Pantygelli, Llanddewi Skyrrid, Llanvetherine and Llantilio Pertholey, and to supplement existing supplies to Mardy, Llanvihangel Crucorney and Pen-y-al Hospital has been completed.

The scheme for Grosmont has still not yet been started; this is also delaying the badly needed sewerage scheme.

CHEPSTOW RURAL DISTRICT. The scheme to serve the Tintern area was almost completed during the year.

MAGOR AND ST. MELLONS RURAL DISTRICT. All major post-war schemes have been completed. The small scheme to serve Lower Machen from the Cardiff Rural District supply at Draethen was completed during the year.

MONMOUTH RURAL DISTRICT. The scheme for the Newcastle area was completed during the year. Preliminary work is being undertaken in connection with comprehensive proposals for extensions of the Trellech scheme to cover the whole of the Southern half of the Monmouth Rural District Council area.

PONTYPOOL RURAL DISTRICT. Ponthir has been completed; that of the Coedypaen area is still under consideration.

Sewerage.

The Eastern Valley Mains Trunk Sewer is working smoothly. Considerable extensions are contemplated. The Rhymney & Western Valleys Trunk Sewers are discharging un-treated into the Bristol Channel. Concern is growing as to the adequacy of these latter sewers.

Work has commenced on the new treatment works at Llanfoist for the Borough of Abergavenny.

The following is a summary of schemes for which financial aid from the County Council has been requested under the Rural Water Supplies and Sewerage Acts:—

ABERGAVENNY RURAL DISTRICT. The schemes at Govilon and Llanddewi Rhydderch have been completed. No progress has been made in connection with proposed schemes for Pandy, The Bryn and Brynygwenin. The scheme for Grosmont is delayed by the continued failure to provide a piped water supply.

CHEPSTOW RURAL DISTRICT. No progress has been made in the schemes for Devauden and Undy.

MAGOR & ST. MELLONS RURAL DISTRICT. Further consideration has been given to the scheme for Henllys. The Magor scheme is in abeyance. It is contemplated proceeding with the Langston scheme in sections.

MONMOUTH RURAL DISTRICT. The Raglan scheme has been completed.

PONTYPOOL RURAL DISTRICT. It is anticipated that a start will shortly be made upon the scheme for Penperlleni.

Housing.

During the year the task for demolishing the worst slum houses and re-housing the people in new Council houses continued. From the Table in the Appendix it will be seen that the number of Council houses completed during the year (1,521) shewed a considerable increase on the figure for 1955 (1,247). The number of private houses erected shewed a further decrease, 266 as

against 283. The following figures for the years 1938, 1946, 1955 and 1956 illustrate the tremendous activity displayed in providing new houses, especially council houses, since the war:—

1938—Council houses erected	...	...	...	520	
Private houses erected	...	...	...	429	
				—	Total 949
1946—Council houses erected (Permanent)	...			545	
Council houses erected (Pre-fab.)	...			525	
				—	
				1,070	
Private houses erected	...	...	...	26	
				—	Total 1,096
1955—Council houses erected	...	...	...	1,247	
Private houses erected	...	...	...	283	
Cwmbran Development Corporation	...			267	
				—	Total 1,797
1956—Council houses erected	...	...	...	1,521	
Private houses erected	...	...	...	266	
Cwmbran Development Corporation	...			578	
				—	Total 2,365

The number of houses of all types owned by local authorities in Monmouthshire on the 31st December of each of the years 1938, 1946 and 1956 are also of interest:—

1938	...	...	6,831	
1946	...	...	7,550	
1956	...	...	22,104	(In addition 1,909 were owned by Cwmbran Development Corporation)

As reported for several years, it is unfortunate that this commendable rate of providing new houses complete with modern health amenities has been at the expense of existing houses. Thousands of substantial houses in the County, which are still likely to be inhabited for many years, require some renovation and re-planning and the provision of pedestal water closets, hot water systems, fixed baths, suitable wash-basins, satisfactory food stores, and food preparation, cooking and washing facilities. Several attempts have been made by offering grants and loans to encourage the preservation and improvement of such houses. The Table in the Appendix shews the relative activity in the various local authority areas of the County in this work. It will be seen that grants have been made in 760 cases and loans in 131 cases since the Housing Act, 1949, first introduced these inducements. Almost the whole of the grants and loans involved, however, have been made since the Housing Act, 1954, came into operation on the 1st October of that year, and are the

result of a little over two years' effort. Already even these houses have served over 10 years since the war without improvement. When it is realised that frequently grants and loans still do not provide substantial houses with all the health amenities enumerated above and which were considered necessary by the authorities planning post-war housing schemes in 1943-4, it will be realised that, as yet, only the fringe of the problem has been encountered.

In many respects the gap between the conditions of people living in Council houses and those awaiting re-housing continues to grow. Evidence continues to reach this Department of people who have been living under appalling conditions for years but who cannot be re-housed by local authorities without interfering with their properly constituted priority lists. On health grounds, the period of complete neglect of a house, i.e., from the time when it becomes known that demolition is contemplated and the actual vacation of premises, needs to be considerably shortened.

One matter for particular regret amongst the older substantial houses is the number suspected to be within reach of but not connected to a sewer, or are not fitted with mechanically flushed water closets. As permissive or qualifying legislation which has been in operation in one form or another for 80 years has not had the desired effect of providing this elementary health requirement in all possible cases, it would appear to be time to ask for compulsory legislation to this end.

Schools.

The building of modern, light, airy, spacious buildings continues. Although many improvements have been made, the provision of water-closet accommodation in those schools where it has not been, but can be, provided needs to be accelerated. This will entail the provision of a number of properly constructed cesspits in rural areas, the subsequent periodical emptying of which is a matter which will need to be faced eventually.

Smoke Abatement.

The work of improving the condition of the atmosphere is proceeding apace in many of the large industrial areas of the country. Such progress is likely to be hampered by two factors in coal-mining areas. The first is the slow process of electrification of the mines. Primarily, the pollution caused by the mines themselves will have a serious adverse effect. In addition, there is the psychological effect upon the minds of the people in the areas concerned. They are likely to be less responsive to appeals in respect of their own homes while they constantly see smoke-belching coal-mining chimney stacks in their midst. The second factor which could hinder the improvement of the atmosphere in these areas is the present arrangement for granting concessionary coal. Grit emission from some industries is an-

other matter which is causing concern in some areas. Care must be taken to see that Monmouthshire is not left behind in the important health matter of atmospheric improvement as a result of the continued effect of these factors.

Milk.

The pasteurising plants at Abergavenny, Abertillery, Marshfield, Nantyglo and Tredegar continued in operation during the year. (The plant at Tredegar changed ownership during the year; that at Cwmbran ceased to operate during the year.) Although some milk consumed in the County is pasteurised at plants in neighbouring counties, the bulk of milk consumed in Monmouthshire is pasteurised at these plants, which process a total of nearly 50,000 gallons daily. The work of ensuring that this milk is properly pasteurised is the responsibility of the County Council, which is the licensing authority.

Premises are inspected regularly under the Milk and Dairies Regulations and Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, instruments and plants checked and, when necessary, samples from various stages of processing submitted for examination. Special investigations are carried out when the results of the examinations of samples are unsatisfactory.

The scheme operated by the Education Committee during the year for the supply of milk to schools enabled an efficient check sampling service to be inaugurated. All pasteurised milk supplies to schools are now sampled at least monthly, the sampling points being varied as much as practicable. The few raw Tuberculin Tested milk supplies to schools are also tested bacteriologically at frequent—usually monthly—intervals, and are also submitted to biological examination every six months. Supplies to children's homes and old folks' homes are also checked periodically, as well as those hospitals requested by the Welsh Board of Health or the Regional Hospital Board. At the request of the Welsh Board of Health the sampling service extended its work in connection with the submission for biological examination samples of raw milk sold in retail. Since 1949 the control of milk at farms has been the responsibility of the Ministry of Agriculture, Fisheries and Food. The Table in the Appendix, which is published by courtesy of the Public Health Laboratory Service, shews the number of samples taken by the authorities in Monmouthshire during 1954, 1955, and 1956.

The following is a summary of the nature of the 1,350 samples of milk taken by the County Health Inspectors during the year:—

For Bacteriological Examination.

From Pasteurising Plants	...	...	...	435
On delivery at Schools	...	...	...	442
On delivery at Hospitals, Old Folks' Homes, Children's Homes, Special Schools, etc.	...	...	...	277
Other examinations	...	...	...	77

1,231
For Biological Examination

... .. 119

1,350

During the year the whole of the County became scheduled as a "Specified area," by which all milk sold in retail is required to be "sterilised," "pasteurised" or "tuberculin tested." Responsibility for ensuring that all milk sold in retail was subject to these licences issued by various authorities devolved upon the Food and Drugs Authority and the County Health Inspector was appointed the authorised officer for the area for which the County Council is responsible. The following is a summary of action taken in this respect during the portion of the year applicable:—

Complaints investigated	...	...	...	...	9
Licences eventually issued by appropriate authorities	...	...	...	...	8
Ceased retailing milk	...	...	...	...	1
In addition, referred informally for clarification of licence required	...	...	...	...	5

Ice Cream.

Local authorities continue to use educational methods in improving the bacteriological quality of ice cream, no legal bacteriological standard having yet been fixed.

Meat.

Local authorities are charged with the duty of ensuring that sufficient slaughtering facilities are available, and with the inspection of meat. This latter function continues to be a problem for local authorities with small staffs.

Food and Drugs Act, 1955.

The above Act and the Food Hygiene Regulations, 1955, became operable during the year. These measures will have far-reaching effects upon the way in which food is prepared, handled and stored in establishments throughout the country.

In common with other authorities, the County Education Committee found itself faced with a heavy task to bring its School Canteens up to the structural standard required. Liaison was effected with the local authorities of the County to enable a comprehensive programme of improvement to be prepared.

FOOD AND DRUGS ACTS; 1938-1955.

Sampling.

During the year 1,076 samples of all kinds of food were submitted to the Public Analyst. These samples were procured from all parts of the County, excluding the area covered by Pontypool Urban District Council and that of the Newport Borough Council.

They consisted of 593 milk samples taken whilst in course of sale to the public, 393 samples of other food, 28 beer samples, 51 samples of ice cream and 10 pharmaceutical products. The samples of " Other Foods " were of all kinds of tin, jar and packet varieties.

The Analyst certified 569 milk samples, 401 samples of other food, 28 beer samples, 51 samples of ice cream and all the pharmaceutical products to be in accordance with the various standards required.

Of the remaining samples, 24 milk and 2 other foodstuffs were not in accordance with the standards required.

Two producers were prosecuted for selling milk deficient in fat, a Wholesale Dairy was prosecuted for supplying milk which contained pieces of glass to a County Council School and a firm of Bakers were prosecuted for supplying bread containing rodent faeces to a County Council School Canteen.

Altogether, 8 Informations were upheld and the Magistrates inflicted fines to the total amount of £25, and costs of £5/5/0d.

The average composition of the milk was certified by the Public Analyst to be:

Fats	...	...	...	3.717 %
Solids not Fat	...	...	...	8.767 %
Total Solids				12.484 %

The percentage of samples " Not up to Standard " was 2.416% and the percentage of Adulteration was 0.32%.

STATISTICAL DATA.

STATISTICAL DATA.

Area	...	...	...	339,089 acres
Population in 1949	(Mid-year)	...	...	318,510
Population in 1950	do.	...	...	319,640
Population in 1951	do.	...	...	317,900
Population in 1952	do.	...	...	318,000
Population in 1953	do.	...	...	318,800
Population in 1954	do.	...	...	320,800
Population in 1955	do.	...	...	321,500
Population in 1956	do.	...	...	323,400
Rateable Value, 1956	...	...	...	£1,391,432
Sum represented by a penny rate, 1956				£5,292

The Vital Statistics for England and Wales for the year 1956 compiled by the Registrar-General are as in the sub-joined table.

The Monmouthshire figures are given for comparison.

	Birth Rate per 1,000 of home population				Death Rate per 1,000 Home population		Deaths under one year of age per 1,000 births	
	Live Births	Live Births	Still Births	Still Births				
	1956	1955	1956	1955	1956	1955	1956	1955
ENGLAND & WALES ...	15.6	15.0	0.37	0.33	11.7	11.7	*23.8	24.9
MONMOUTHSHIRE ...	16.8	15.3	0.51	0.51	11.96	12.4	28.96	33.96

*Per 1,000 related live births.

In all cases in the above table, the estimated populations as supplied by the Registrar-General have been used in the compilation.

Births.

Comparability Factors.

The Registrar-General has intimated that certain adjustments have been made in the comparability factors supplied for use with crude birth and death rates. Adjustment of the factors has been made with regard to boundary changes, where applicable. Allowance has also been made for certain areas where rapid increase or reduction in the population has materially affected its composition by sex and age-group.

In addition, for the first time, comparability factors have been adjusted specifically to take account of the presence of any residential institutions in the area.

During 1956 there were, according to the Registrar-General's returns, 5,412 live births in the Administrative County and 166 still-births. Further details are as follows:—

	Legitimate		Illegitimate		Totals.	Compara- bility Factor.
	M.	F.	M.	F.		
URBAN DISTRICTS:						
Live Births ...	2,275	2,206	58	66	4,605	1.01
Still Births ...	87	53	4	2	146	
RURAL DISTRICTS:						
Live Births ...	388	405	14	9	816	1.02
Still Births ...	11	8	—	1	20	
Totals ...	2,761	2,672	76	78	5,587	1.01

The number of registered live births showed an increase of 505 compared with the year 1955, and it was 202 more than for 1954.

The crude live birth rate per 1,000 population for the year under review and for the preceding five years is as follows, comparative figures being given for England and Wales:—

	1956	1955	1954	1953	1952	1951	1950
Monmouthshire ...	16.8	15.3	16.3	16.8	17.2	16.5	17.4
England & Wales ...	15.6	15.0	15.2	15.5	15.3	15.5	15.8

The number of live births in the County during 1956 was 5,421, giving a rate of 16.8 per 1,000 population. After adjustment by means of the comparability factor, the live birth rate is 16.96 per 1,000 population, which compares with 15.6 for England and Wales.

The number of still-births was 166, giving a crude rate of 0.51 per 1,000 population. If the rate is adjusted by the comparability factor, the adjusted rate per 1,000 population is 0.52. This is higher than the rate for England and Wales, which for 1956 was 0.37 per 1,000 civilian population. The number of

registered still-births works out at 29.7 per 1,000 live and still births and 30.6 per 1,000 live births.

Deaths.

The total number of deaths registered in the Administrative County, as shown by the Registrar-General's returns, was 3,867. How this compares with previous years is shown:—

1956.	1955.	1954.	1953.	1952.	1951.	1950.	1949.	1948.	1947
3,867	3,986	3,824	3,691	3,665	4,256	3,948	3,869	3,528	3,840

The crude general death rate calculated upon the estimate of population submitted by the Registrar-General, 323,400, was 11.96 per 1,000 living. The figure was higher than for England and Wales (11.7). After adjustment by the comparability factor the County figure was 13.3. The following is a comparison with previous years:—

1956.	1955.	1954.	1953.	1952.	1951.	1950.	1949.	1948.	1947
11.96	12.4	11.9	11.6	11.5	13.4	12.4	12.15	11.1	12.4

The Infant Mortality rate per 1,000 related live births for Monmouthshire and also for England and Wales for the present and past five years are as follows:—

		1956	1955	1954	1953	1952	1951	1950
Monmouthshire	...	28.96	33.97	39.7	32.6	33.9	42.9	39.8
England & Wales	...	23.8	24.9	25.4	26.8	27.6	29.6	29.8

During 1956, 108 children died before reaching the age of 4 weeks. This represented a neo-natal mortality rate of 19.92 per 1,000 related live births. The figure for England and Wales was 16.9.

Maternal Mortality.

There were 6 deaths registered during the year from accidents and diseases of pregnancy and parturition, but none from puerperal sepsis. This is equal to a rate of 1.1 per 1,000 live births. Calculated upon total births (live and still-births) the figure is 1.07 per 1,000.

The rate for England and Wales was 0.56 per 1,000 total births.

The County maternal mortality rates per 1,000 live and still-births for the present and previous years are shown:—

1956	...	...	...	...	1.07
1955	...	...	...	...	0.98
1954	...	...	...	...	1.49
1953	...	...	...	...	1.09
1952	...	...	...	...	0.71
1951	...	...	...	...	1.48
1950	...	...	...	...	1.73
1949	...	...	...	...	2.83
1948	...	...	...	...	1.92
1947	...	...	...	...	1.17

During the year 1956 there were 8 cases of puerperal pyrexia which were notifiable according to Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations. In 1955 there were 22 notifications, in 1954 there were 69, and in 1953, 51.

DENTAL SERVICE.

	Examined by A.M.O.'s Dentists, etc.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	3,362	453	453	443
Children under 5 ..	364	364	364	364

	Extractions	General Anaesthetics	Fillings	Sealings or Sealing and Gum Treatment	Silver Nitrate Treatment	Crowns or Inlays	Radiographs	Dentures Provided	
								Complete	Partial
Expectant and Nursing Mothers	1,487	541	40	20	—	—	31	230	86
Children under 5 ..	773	388	—	1	—	—	10	—	—

HOME HELP SERVICE.

Area Health Sub- Committee	Helps supplied during 1956.					Helps employed at end of 1956		
	Maternity Cases	Tubercu- losis Cases	Chronic Cases	Others	Total	Whole-time	Part-time	Total
No. 1 ..	34	5	265	60	364	—	94	94
No. 2 ..	—	1	152	35	188	—	48	48
No. 3 ..	6	3	154	7	170	2	36	38
No. 4 ..	3	4	155	22	184	1	58	59
No. 5 ..	7	3	257	9	276	3	53	56
No. 6 ..	10	8	138	38	194	3	69	72
No. 7 ..	7	9	378	41	435	2	157	159
No. 8 ..	28	—	118	27	173	—	59	59
No. 9 ..	29	6	65	17	117	—	34	34
No. 10 ..	19	1	129	16	165	—	65	65
Total ..	143	40	1,811	272	2,266	11	673	684

District.	No. of Separate Dwellings owned by Local Authority on 31-12-56.		No. of Separate Dwellings completed during 1956.			No. of Local Dwellings in erection on 31-12-56.	No. of Local Authority Dwellings for which sanction has been given but not commenced on 31-12-56.
	Tempor-ary.	Permanent.	By Local Authority.	By Private Enterprise.	Total.		
Urban.							
Abercarn	50	1,360	62	13	75	18	—
Abergavenny	50	862	128	4	132	16	—
Abertillery	100	752	89	6	95	—	—
Redwas & Machen	50	935	45	9	54	5	—
Bedwellty	100	1,838	46	—	46	—	—
Blaenavon	50	379	11	—	11	5	—
Caerleon	50	178	—	13	13	—	28
Chepstow	—	512	6	6	12	12	—
Cwmbran	200	1,475	159	10	169	21	—
Ebbw Vale	—	1,794	219	20	239	71	—
Monmouth	50	364	22	5	27	82	36
Mynyddislwyn	99	1,144	28	36	64	40	20
Nantyglo & Blaina	49	573	32	2	34	82	50
Pontypool	300	3,138	187	18	205	83	40
Rhymney	50	388	—	—	—	78	—
Risca	46	1,271	56	2	58	—	—
Tredegarr	88	1,210	168	4	172	168	—
Usk	—	52	—	12	12	—	—
Rural.							
Abergavenny	27	362	12	8	20	4	—
Chepstow	—	731	103	6	109	69	—
Magor & St. Mellons	121	954	148	59	207	106	24
Monmouth	—	196	—	6	6	4	—
Pontypool	—	156	—	27	27	12	13
Totals	1,480	20,624	1,521	266	1,787	876	211

Housing under Cwmbran Development Corporation

In the Cwmbran U.D. Area	No. of Dwellings completed by 31-12-56:		No. of separate new dwellings completed during 1956	
	Houses: 1,352.	Flats: 77.	In the Pontypool R.D. Area	No. of separate dwellings in course of erection on 31-12-56
Under construction at 31-12-56:—				
Houses: 1 bedroom	...	...	...	No. of separate dwellings for which sanction has been given but had not been commenced on 31-12-56
2	14	2	1	259
3	88	2	4	118
4	11	1	...	91

HOUSING ACTS, 1949 and 1954. Details of Grants and Loans.

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District.	No. of Improve- ment Grants 1956.	Total No. of Improve- ment Grants 1949-56, inclusive.	Amount of Improve- ment Grants 1956. £	Total Amount of Improve- ment Grants 1949-56, inclusive. £	No. of Improve- ment Loans 1956.	Total No. of Improve- ment Loans 1949-56 inclusive.	Amount of Improve- ment Loans 1956. £	Total Amount of Improve- ment Loans 1949-56 inclusive. £
Urban.								
Abercarn ...	19	48	3,867	8,848	4	11	630	1,570
Abergavenny ...	11	18	1,228	2,041	—	—	—	—
Abertillery ...	28	32	5,142	5,646	7	11	1,434	2,081
Bedwas & Machen ...	17	24	3,179	4,340	2	5	675	1,585
Bedwellty ...	—	—	—	—	—	—	—	—
Blaenavon ...	11	17	2,203	3,393	—	—	—	—
Caerleon ...	3	4	929	1,329	—	2	—	500*
Chepstow ...	1	2	140	278	—	—	—	—
Cwmbran ...	30	51	4,081	6,690	—	—	—	—
Ebbw Vale ...	80	113	11,710	15,408	20	80	4,279	16,097
Monmouth ...	8	12	1,895	2,362	—	—	—	—
Mynyddislwyn ...	7	14	1,402	2,643	—	—	—	—
Nantyglo & Blaina ...	28	50	3,445	6,781	—	—	—	—
Pontypool ...	42	132	7,075	20,799	3	6	567	1,330
Rhymney ...	15	35	2,000	4,895	—	—	—	—
Risca ...	4	8	1,322	1,744	—	1	—	130
Tredegarr ...	27	28	7,158	7,402	10	11	3,820	4,065
Usk ...	1	2	400	490	—	—	—	—
Rural.								
Abergavenny ...	14	45	5,599	9,829	—	—	—	—
Chepstow ...	23	38	6,340	8,786	1	1	418	418
Magor & St. Mellons ...	23	42	6,751	10,339	1	3	343	668
Monmouth ...	3	10	350	2,420	—	—	—	—
Pontypool ...	15	35	3,802	7,654	—	—	—	—
Totals ...	410	760	80,018	134,117	48	131	12,166	28,444

* Figure submitted for year 1955.

TABLE SHOWING DETAILS OF WATER ANALYSES.

DISTRICT.	Bacteriological Examination of Untreated Water.			Bacteriological Examination of Treated Water.			Chemical Analysis.		
	Public Supplies.	Other Supplies.		Public Supplies.	Other Supplies.		Public Supplies.	Other Supplies.	
	No. of Samples Taken	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory	No. Satisfactory	No. Unsatisfactory
Urban.									
Abercarn	4	1	—	4	—	1	—	—	2
Abergavenny	—	4	4	7	1	—	—	—	—
Abertillery	—	—	4	—	—	—	—	—	—
Bedwas & Machen ...	—	1	—	8	—	—	—	—	—
Bedwellty	12	—	—	12	—	—	—	—	—
Blaenavon	57	3	—	5	5	—	4	—	2
Caerleon	—	—	—	—	—	—	—	—	—
Chepstow	—	—	3	14	—	—	—	—	—
Cwmbran	—	—	—	11	—	—	1	—	—
Ebbw Vale	16	—	4	38	4	3	12	—	1
Monmouth	29	3	17	25	4	3	17	—	—
Mynyddislwyn	—	2	—	11	2	—	—	—	—
Nantyglo & Blaina ...	—	—	1	3	—	—	—	—	—
Pontypool	—	2	4	89	1	—	—	—	—
Rhymney	39	—	—	47	1	—	—	—	—
Risca	—	—	—	—	—	—	—	—	—
Tredegar	33	—	—	32	3	—	—	—	—
Usk	—	—	1	7	—	—	—	—	—
Rural.									
Abergavenny	4	11	30	28	7	—	—	—	—
Chepstow	35	6	17	35	—	6	17	—	—
Magor & St. Mellons	—	4	32	9	—	—	—	—	—
Monmouth	2	1	2	20	4	—	3	1	—
Pontypool	—	9	41	12	—	—	—	—	—
Totals	231	47	160	417	28	14	37	20	4

Table shewing sources of water supplies used by Statutory Undertakers in Monmouthshire, and the various distributing authorities.

Local Authority Area.	Administrative Function.	Source.	Bulk Authority.	Distributing Authority.	Adequacy.
URBAN AREAS Abercarn.	Constituent authority of Abertillery and District Water Board.	Gwynne Fawr Reservoir; Smaller supplies at Cwmtilerry, Cwmearn and Nantydraenog; a number of other small springs; and the Llanover Pit.	Abertillery & District Water Board.	Abertillery & District Water Board.	The Board requires additional supplies. Some doubtful existing sources could be abandoned when more water available.
Abergavenny Borough.	Statutory Water Undertakers.	Springs, boreholes, streams; a quantity from Abergavenny R.D.C. Newport County Borough Council supplies.	Abergavenny Borough Council.	Abergavenny Borough Council.	Probably adequate with Talybont supplementation.
Abertillery.	Constituent authority of Abertillery and District Water Board.	SEE UNDER ABERCARN			
Bedwas & Machen	Constituent authority of Rhymney Valley Water Board.	Taf Fechan River; Reservoirs at Rhymney Bridge.	Taf Fechan Water Supply Board.	Rhymney Valley Water Board.	Inadequate.
Bedwellty.	Constituent authority of Rhymney Valley Water Board for part of area; own water authority for remainder.	SEE UNDER BEDWAS AND Shon Sheffrey and Georgetown Reservoirs.	MACHEN Tredegar U.D.C.	Bedwellty U.D.C.	Inadequate.
Blaenavon.	Statutory Water Authority.	Local reservoirs; Abertillery and District Water Board supply.	Blaenavon U.D.C. Abertillery & District Water Board.	Blaenavon U.D.C.	Inadequate and unsuitable. New supplies urgently required.
Caerleon.	—	Talybont, Ynysfro, Pantyreos and Wentwood Reservoirs.	Newport County Borough Council.	Newport County Borough Council.	Sufficient water probably available.
Chepstow.	—	Local supplies.	Chepstow Water Company.	Chepstow Water Company.	Probably sufficient.
Cwmbran.	Statutory Water Authority.	Reservoirs at Blaen Bran; an old mine level; Newport County Borough Council supply.	Cwmbran U.D.C.	Cwmbran U.D.C.	Has undergone industrial development. New town being developed. Additional supplies being provided.
Ebbw Vale.	Statutory Water Undertakers.	Reservoirs on Ebbw Fawr; River Claifor.	Ebbw Vale U.D.C.	Ebbw Vale U.D.C.	Probably sufficient.
Monmouth Borough.	—	Local supplies and Wyo River.	Monmouth Gas and Water Undertaking of Wales Gas Board.	Monmouth Gas and Water Undertaking of Wales Gas Board.	Adequate.

Table shewing sources of water supplies used by Statutory Undertakers in Monmouthshire, and the various distributing authorities. (Continued).

Local Authority Area.	Administrative Function.	Source.	Bulk Authority.	Distributing Authority.	Adequacy.
Mynyddislwyn.	Constituent authority of Abertillery and District Board.	SEE UNDER ABERCARN Rhymney Valley Water Board supply (part area).	Rhymney Valley Water Board.	Rhymney Valley Water Board.	See under Bedwas and Machen.
Nantyglo & Blaina.	Statutory Water Undertakers.	Ebbw Vale U.D.C. supplies.	Ebbw Vale U.D.C.	Nantyglo & Blaina U.D.C.	Supplies to some parts intermittent.
Pontypool.	—	Reservoirs at Cwmavon, Nantymailor and Penyrheol; Glyn Pit; small springs.	Pontypool & District Water Company.	Pontypool & District Water Co.	Inadequate.
Rhymney.	Constituent authority of Rhymney Valley Water Board.	SEE UNDER BEDWAS AND Tredegar U.D.C. supply to Lechryd.	MACHEN Tredegar U.D.C.	Rhymney U.D.C.	
Risea.	Constituent authority of Abertillery and District Water Board.	SEE UNDER ABERCARN			
Tredegar.	Statutory Water Undertakers.	Shon Sheffrey and Georgetown Reservoirs.	Tredegar U.D.C.	Tredegar U.D.C.	Probably generally adequate.
Usk.	—	Pontypool and District Water Company supply.	Pontypool & District Water Co. Supply.	Pontypool & District Water Co. supply.	See under Pontypool.
RURAL AREAS Abergavenny.	Statutory Water Undertakers.	Llanover Springs, Tynywern Springs etc. Newport County Borough Council supplies.	Abergavenny R.D.C. Newport County Borough Council.	Abergavenny R.D.C.	Widespread area. Not all covered. Not treated.
Chepstow.	Statutory Water Undertakers.	Local supplies. Newport County Borough Council supply.	Chepstow R.D.C. Newport County Borough Council.	Chepstow R.D.C. Newport County Borough Council.	Area inadequately served.
Magor & St. Mellons.	Statutory Water Undertakers for part of area; remainder in Statutory area of supply of Newport County Borough Council.	Cardiff County Borough Council supply; Newport County Borough Council supply; Springs at Castleton.	Cardiff County Borough Council. Newport County Borough Council. Magor & St. Mellons R.D.C.	Magor & St. Mellons R.D.C. Newport County Borough Council.	For a rural district council area quite well supplied.
Monmouth.	Statutory Water Undertakers.	Ffynon Gaer and Waen Springs. Pontypool and District Water Company supply. Abergavenny R.D.C. supply.	Monmouth R.D.C. Pontypool & District Water Company. Abergavenny R.D.C.	Monmouth R.D.C.	The major Treleck Scheme now developed. Few other areas yet supplied.
Pontypool.	Statutory Water Undertakers for part of area; remainder in area of Pontypool and District Water Company.	Newport County Borough Council and Pontypool & District Water Company supplies.	Newport County Borough Council. Pontypool & District Water Company.	Pontypool R.D.C.	Area generally inadequately supplied.

SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES FOR 1956.

DISTRICTS	Estimated Mid-1956 Population	Scarlet Fever	Whooping Cough	Acute Polio-myelitis		Measles (excluding Rubella)	Diphtheria	Acute Pneumonia	Dysentery	Acute Enceph-alitis		Enteric or Typhoid Fever	Paratyphoid Fevers	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Tuber-culosis		Other	
				Paralytic	Non-Paralytic					Smallpox	Infective								Post-Infectious			
																				Respiratory		Meninges and CNS.
URBAN.																						
Abercarn	18,570	7	21	...	...	40	...	4	...	...	...	...	...	1	...	3	...	...	...	10	...	1
Abergavenny	8,910	16	...	...	...	68	...	...	...	...	...	...	...	...	1	...	...	...	...	21	...	1
Abertillery	26,790	64	62	...	...	104	...	20	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen	9,650	1	...	...	...	21	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...
Bedwellty	28,040	9	20	...	1	115	...	1	...	...	...	...	...	3	...	1	...	...	...	27	...	3
Blaenavon	9,320	...	9	...	...	3	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...
Caerleon	3,990	5	4	...	...	10	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chepstow	5,920	9	1	...	...	...	...	...	22	...	1	...	...	...	...	...	...	...	...	...	...	...
Cwmbran	18,260	15	69	...	1	226	...	4	...	...	...	...	...	...	...	...	...	...	...	10	...	...
Ebbw Vale	28,350	51	41	...	...	105	...	29	1	...	...	3	...	13	...	...	...	...	...	25	...	4
Monmouth	5,710	3	10	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...
Mynyddislwyn	15,300	2	9	...	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	16	...	1
Nantyglo and Blaina	11,010	3	2	...	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	41,280	29	51	...	1	337	...	1	2	...	...	...	1	1	...	...	...	...	...	16	...	...
Rhymney	8,790	...	21	...	...	94	...	...	1	...	...	...	...	...	...	...	...	...	...	13	...	2
Risca	14,680	20	13	...	...	11	...	19	1	...	...	...	...	...	...	...	...	...	...	13	...	1
Tredegarr	20,296	5	2	...	1	182	...	1	...	...	...	...	...	...	...	4	...	...	...	14	...	1
Usk	1,680	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	2	...	1
Totals, Urban	276,600	239	336	5	1	1352	--	81	30	--	2	1	3	1	20	2	13	8	2	201	4	15
RURAL.																						
Abergavenny	8,570	7	10	...	...	20	...	1	2	...	...	...	...	...	...	...	...	...	...	5	...	...
Chepstow	10,620	5	18	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...
Magor & St. Mellons	13,950	66	66	...	1	61	...	24	2	...	...	...	...	2	...	...	...	...	...	11	...	...
Monmouth	5,870	4	1	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...
Pontypool	7,790	4	6	...	...	105	...	9	...	...	...	...	...	...	...	...	...	...	...	4	...	2
Totals, Rural	46,800	86	101	1	1	202	...	27	4	--	--	--	--	2	--	--	--	--	--	27	--	3
Grand Totals	323,400	325	437	6	2	1554	--	108	34	--	2	1	3	1	22	2	13	8	2	228	4	18

REGISTRAR GENERAL'S RETURN OF DEATHS FROM ALL CAUSES IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1956.

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MONMOUTH FOR THE YEAR 1956.																																				86			
District.	Popula- tion.	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Diseases	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia, Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Diseases, Angina	Hypertension, with Heart Disease	Other Heart Diseases	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes	
Urban Districts.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
Abercarn	18,570	—	—	—	—	—	—	—	—	—	9	8	1	1	20	—	—	30	21	5	26	14	—	6	22	3	1	—	3	1	—	—	—	20	—	4	3	—	200
Abergavenny	8,910	1	—	—	—	—	—	—	—	—	7	5	—	—	10	—	—	14	15	6	24	3	—	6	6	—	1	—	—	—	—	1	9	—	2	—	—	124	
Abertillery	26,690	2	—	1	—	1	—	—	—	2	19	7	4	1	28	1	3	37	52	9	47	10	2	16	31	3	4	—	—	—	—	—	1	27	6	—	—	333	
Bedwas & Machen	9,650	3	—	—	—	—	—	—	—	—	2	2	—	—	9	—	2	14	13	—	12	7	—	3	9	4	—	—	—	—	—	2	17	5	6	—	108		
Bedwellty	28,040	3	—	1	—	—	1	—	—	1	10	6	1	4	20	1	1	43	46	6	46	10	1	8	34	12	5	—	—	—	—	—	3	31	4	2	—	313	
Blaenavon	9,320	—	—	—	—	—	—	—	—	—	3	7	4	1	11	1	1	16	14	2	26	5	—	1	12	5	—	—	—	—	—	—	4	27	12	1	—	128	
Caerleon	3,990	1	—	—	—	—	—	—	—	—	2	1	3	—	7	—	—	6	13	1	34	17	2	2	2	3	—	—	—	—	—	3	4	2	1	—	103		
Chepstow	5,920	—	—	—	—	—	—	—	—	—	3	4	2	1	10	2	—	14	13	—	7	2	1	3	4	1	—	—	—	—	—	1	7	2	2	—	73		
Cwmbran	18,260	1	—	1	—	—	—	—	—	1	1	1	1	—	5	1	—	45	67	6	41	13	—	12	23	1	—	—	—	—	—	5	15	1	3	2	—	153	
Ebbw Vale	23,350	2	—	1	—	1	—	—	—	—	3	4	2	1	9	—	1	10	4	2	10	8	—	6	4	1	—	—	—	—	—	4	4	1	2	1	—	340	
Monmouth	5,710	1	—	—	—	—	—	—	—	—	2	4	—	—	28	—	4	19	24	4	39	3	—	3	4	1	—	—	—	—	—	1	7	2	2	—	72		
Mynyddislwyn	15,300	4	—	—	—	—	—	—	—	—	5	3	2	1	10	1	—	17	18	4	37	3	1	4	9	3	—	—	—	—	—	5	48	1	4	1	—	149	
Nantyglo & Blaina	11,070	1	—	—	—	—	—	—	—	—	7	3	3	2	11	—	2	27	22	6	17	4	—	6	6	2	—	—	—	—	—	1	13	5	6	—	169		
Pontypool	41,280	5	2	1	—	—	—	—	1	16	15	11	6	2	49	—	3	82	65	13	73	29	—	17	49	7	—	—	—	—	—	1	11	—	10	3	—	543	
Rhymney	8,790	—	—	—	—	—	—	—	—	3	1	1	—	8	1	1	13	17	1	20	2	—	—	6	3	6	—	—	—	—	—	13	52	—	3	6	—	95	
Risca	14,630	2	—	1	—	—	1	—	—	1	4	8	1	1	19	1	2	17	32	1	26	5	—	6	18	3	6	—	—	—	—	11	8	1	4	1	—	233	
Tredegar	20,290	2	—	1	—	—	—	—	—	—	11	4	3	2	12	1	3	37	28	19	38	9	3	10	10	7	—	—	—	—	—	2	8	2	8	3	—	30	
Usk	1,680	1	—	—	—	—	—	—	—	—	1	—	—	2	2	—	—	6	3	—	6	—	—	—	3	—	—	—	—	—	—	1	4	—	3	—	—		
Rural Districts.																																							
Abergavenny	8,570	1	—	2	—	—	—	—	—	—	5	2	3	—	9	3	1	15	20	2	79	15	—	9	7	2	—	—	—	—	—	2	14	1	5	—	—	198	
Chepstow	10,620	—	—	—	—	—	—	—	—	—	2	7	3	1	9	1	—	19	16	5	15	4	2	2	8	—	—	—	—	—	—	2	4	1	5	—	—	114	
Magor & St. Mellons ..	13,950	2	—	—	—	—	—	—	—	—	2	3	3	4	4	—	—	26	9	2	22	9	—	1	8	1	—	—	—	—	—	2	12	2	4	1	—	121	
Monmouth	5,870	—	—	—	—	—	—	—	—	—	—	3	1	—	6	1	—	7	2	—	11	—	—	2	3	1	—	—	—	—	—	2	8	3	1	—	—	56	
Pontypool	7,790	1	—	—	—	—	—	—	—	—	3	2	—	—	6	—	2	7	13	1	17	2	—	1	3	1	—	—	—	—	—	2	5	—	1	—	—	70	
Total	323,400	33	2	9	—	2	2	—	1	9	124	105	52	26	302	15	26	502	544	95	673	174	13	123	274	61	33	16	50	38	6	50	344	31	96	30	6	3,867	

DIPHTHERIA IMMUNISATION FOR YEAR 1956.

Number of children in the Local Health Authority area on 31st December, 1956, who have completed a course of diphtheria immunisation at any time between 1st January, 1942, and 31st December, 1956.

Age on 31-12-1956. (i.e., born in Year)	Under 1 1956.	1 to 4 1952-55.	5 to 9 1947-51.	10 to 14 1942-46.	Under 15 Total.
A. Number of children whose last course (primary or booster) was completed in the period 1952-1956.	1,006	10,109	13,004	8,061	32,180
B. Number of children whose last course (primary or booster) was completed in the period 1951 or earlier.	—	—	10,642	14,407	25,049
C. Estimated mid-year child population.	5,120	20,280	53,500		78,900
Immunity Index 100 A/C.	19.6	49.8	39.4		40.8

DIPHTHERIA IMMUNISATION FOR YEAR, 1956.

	AGE at Date of Final Injection (as regards A) or of Reinforcing Injection (as regards B).			
	Under 1	1 to 4	5 to 14	Total
A. Number of children who completed a full course of primary immunisation in the Authority's Area (including temporary residents) during the 12 months ending 31st December, 1956.	1,557	2,901	487	4,945
B. Number of children who received a Secondary Injection (i.e., subsequently to Primary Immunisation at an earlier age) during the 12 months ended 31st December, 1956.	1	90	1,292	1,382

SMALLPOX VACCINATION.

(1) NUMBER OF PERSONS VACCINATED (or re-vaccinated) DURING 1956.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	1,227	408	127	83	166	2,011
Number re-vaccinated ...	—	—	6	32	207	245

(2) NUMBER OF CASES SPECIALLY REPORTED DURING 1956. (Age Groups as above).

(a) Generalised Vaccinia	—	—	—	—	—	—
(b) Post-vaccinal Encephalomyelitis	—	—	—	—	—	—
(c) Death from complica- tions of vaccination other than (a) and (b)	—	—	—	—	—	—

MOBILE PHYSIOTHERAPY SERVICE.

1st January, 1956—31st December, 1956.

Number of new Cases referred by Family Doctor	...	...	112
" " " " " " Hospital	...	...	12
Others	...	...	5
			<hr/>
Total Number of Cases	...	...	129

Cases investigated come under the following Categories and Age Groups:—

	Improved with Treatment				No Improvement				Too Ill			
	20-39	40-59	Over 60	Total	20-39	40-59	Over 60	Total	20-39	40-59	Over 60	Total
Hemiplegia	—	14	42	56	—	—	5	5	—	1	6	7
Rheumatoid Arthritis ...	—	6	8	14	—	—	1	1	—	—	—	—
Osteo-Arthritis	1	2	11	14	—	—	1	1	—	—	1	1
Fractures	—	—	7	7	—	—	1	1	—	—	6	6
Senility	—	—	—	—	—	—	1	1	—	—	—	—
Parkinson's Disease ...	1	—	—	1	—	—	—	—	—	—	—	—
Anterior Poliomyelitis ..	—	1	—	1	—	—	—	—	—	—	—	—
Sub-acute combined De- generation of Cord ...	—	—	1	1	—	—	—	—	—	—	—	—
Disseminated Sclerosis ..	—	—	2	2	—	—	—	—	—	—	—	—
Others	—	2	4	6	—	—	—	—	—	1	3	4
	2	25	75	102	—	—	9	9	—	2	16	18

At the end of Prescribed Course of Treatment:—

	20-39	40-59	Over 60	Total
Patients who showed improvement with treatment	2	25	75	102
Patients who showed no improvement with treatment	—	—	9	9
Patients who received no domiciliary treatment being too ill or otherwise unsuitable, of which 4 entered hospital	—	3	15	18
	2	28	99	129

YEAR 1956.

RETURN OF WORK DONE BY THE AUTHORITY UNDER:—

1. Nurseries and Child-Minders
Regulation Act, 1948.

	Number registered at end of year	Number of children provided for
Premises ...		
(a) Factory	—	—
(b) Other nurseries	1	6
Daily Minders	—	—

2. Registration of Nursing Homes (Sections 187 to 194 of the Public
Health Act, 1936).

	Number of Homes	Number of beds provided for :—		
		Maternity	Others	Totals
Homes first regis- tered during year	—	—	—	—
Homes on the regis- ter at end of year	—	—	—	—

Names of the Councils of any County Districts to which the powers
and duties of the County Council have been delegated under Section 194
of the Public Health Act, 1936, and particulars of the powers delegated

PREMATURE BIRTHS FOR YEAR 1956.

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NOTES: This section covers live births and still-births of 5½ lbs. or less at birth.

Births in an ambulance or in the street are listed under the place to which the case is immediately transferred.

1. NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED

2. NUMBER OF PREMATURE STILL-BIRTHS NOTIFIED

(as adjusted by transferred Notifications):

(as adjusted by transferred notifications):

(a) In hospital ... 303

(a) In hospital ... 60

(b) At home ... 164

(b) At home ... 24

*(c) In private nursing homes 1

*(c) In private nursing homes —

Total ... 468

Total ... 84

* "Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

Weight at birth.	(1)	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
		Born in Hospital.			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and transferred to hospital on or before 28th day			
		Total (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	Total (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	Total (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	Total (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	
(a) 3 lb. 4 oz. or less (1,500 gms. or less)		31	11	8	8	5	3	8	2	3	—	—	—	Born in hospital (17)
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)		63	7	49	12	1	11	6	1	4	—	—	—	Born at home (18)
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)		55	2	53	25	—	24	6	—	4	—	—	—	Born in nursing home (19)
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)		154	2	150	91	—	90	8	1	6	—	—	—	
Totals ...		303	22	260	136	6	128	28	4	17	—	—	—	

†The group under this heading includes cases which may have been born in one hospital and transferred to another.

AMBULANCE SERVICE, 1956.
Operational Return for the Year.

DIRECTLY OPERATED.				SUPPLEMENTARY SERVICE.	
	<i>Ambulances.</i>	<i>Sitting-Case Cars.</i>	<i>Total.</i>	<i>Hired Cars.</i>	
A. No. of Patients:					
(1) Accidents and Emergencies ...	9,810	68	9,878	—	
(2) Others ...	89,831	1,302	91,133	—	
(3) Total of (1) & (2) ...	99,641	1,370	101,011	—	
B. Journeys:					
(1) Patient Carrying ...	28,547	592	29,139	—	
(2) Abortive & Service	1,065	10	1,075	—	
(3) Analgesia & Midwives, etc. ...	22	—	22	—	
(4) Total of (1) (2) & (3)	29,634	602	30,236	—	
C. Total Mileage ...	778,788	22,048	800,836	—	
D. No. of Operational Vehicles at 31-12-56 ...	44	1	45	—	
				<i>Control Staff.</i>	<i>Total.</i>
	<i>Driving Staff.</i>	<i>Station Staff.</i>			
E. No. of Operational Staff as at 31-12-56 ...	75 Ambulance Drivers.	1 Car Driver.	4 Leader Drivers. 4 Deputy Leader Drivers.	1 Supervisor 4 Telephonists	89
F. No. of Ambulance Stations as at 31-12-56 ...	5 Zone Stations.	5 Depôts. 1 Sub-Depôt.	Total 11.		

(1)	ADMINISTRATIVE AND SUPERVISORY NURSING STAFF			(S.R.N., R.S.C.N., and R.F.N.)			ENROLLED ASSISTANT NURSES			STUDENT HOME NURSES		
	Whole-time (2)	Part-time (3)	Equivalent Whole-time of (3) (4)	Whole-time (5)	Part-time (6)	Equivalent Whole-time of (6) (7)	Whole-time (8)	Part-time (9)	Equivalent Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equivalent Whole-time of (12) (13)
(a) L.H.A.	1	—	—	49	6	3	7	6	3	—	—	—
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—	—

Number of Nurses engaged in Home Nursing and Midwifery ... 12

Number of Nurses engaged in Health Visiting and School Nursing ... 46. Number of Male Nurses ... Nil

HOME NURSING.

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year. (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year. (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of cases attended by Home Nurses during the year:— (a) L.H.A. ...	7,636	2,337	26	244	126	1,400	11,769	5,090	738	3,562
(b) Vol. Org. under arrangements with the Authority ...	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year:— (c) L.H.A. ...	227,288	51,579	393	14,002	1,138	18,068	312,468	138,101	5,945	262,729
(d) Vol. Org. under arrangements with the Authority ...	—	—	—	—	—	—	—	—	—	—

YEAR 1956.

Daily Minders receiving Fees from the Authority under Section 22 of the National Health Service Act, 1946, at End of Year.

- (a) Number of Minders
 (b) Number of children cared for

HEALTH VISITING AND TUBERCULOSIS VISITING.

A. Visiting.

	HEALTH VISITORS										TUBER- CULOSIS VISITORS			
	Number of children under 5 years of age visited during year (2)	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years		Children age 2 but under 5 years		Tuberculous Households		Other cases	Total number of families or households visited by Health Visitors (11)	Total visits paid to tuberculous households (12)
		First visits (3)	Total visits (4)	First visits (5)	Total visits (6)	Total visits (7)	Total visits (8)	Total visits (9)	Total visits (10)					
(1)														
(a) L.H.A. "Access" Visits	23,213	285	504	5,046	17,407	10,778	25,557	1,176	118	18,490	—			
"No Access" Visits	—	—	—	—	1,379	1,388	3,346	—	—	—	—			
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—			

B. Clinics.

- (a) Total number of attendances made by Health Visitors at local Health Authority Clinic Sessions during the year 1956 11,013
 (b) Total number of attendances of Whole-time Tuberculosis Visitors at Chest Clinic Sessions per month

Samples of Milk submitted to the Public Health Laboratory Service, County Hall, Newport, during 1954, 1955 and 1956 for Bacteriological and Biological Examination.

By:—	1954.	1955.	1956.
MONMOUTHSHIRE COUNTY COUNCIL	713	1,006	*1,350

URBAN DISTRICTS :

Abercarn	...	...	...	...	—	—	1
Abergavenny	...	...	...	...	10	9	23
Abertillery	...	...	...	...	4	5	—
Bedwas & Machen	...	...	...	...	—	—	—
Bedwellty	...	...	...	...	16	22	46
Blaenavon	...	...	...	...	12	57	52
Caerleon	...	...	...	...	1	—	—
Chepstow	...	...	...	...	—	2	6
Cwmbran	...	...	...	...	—	—	9
Ebbw Vale	...	...	...	...	136	101	52
Monmouth	...	...	...	...	34	47	39
Mynyddislwyn	...	...	...	...	10	14	16
Nantyglo & Blaina	...	...	...	...	12	12	6
Pontypool	...	...	...	...	166	171	159
Rhymney	...	...	...	...	69	79	65
Risca	...	...	...	...	9	30	51
Tredeggar	...	...	...	...	93	124	142
Usk	...	...	...	...	9	—	1

RURAL DISTRICTS :

Abergavenny	...	...	...	...	—	—	8
Chepstow	—	—	—
Magor & St. Mellons	17	25	51
Monmouth	1	—	—
Pontypool	8	7	8

Totals	1,320	1,711	2,085
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* 1,231 for Bacteriological examination and 119 raw milk samples for Biological examination.

(By courtesy of R. D. Gray, M.D., D.P.H., Director of Laboratory).

REGISTRAR-GENERAL'S RETURN OF BIRTHS AND INFANT DEATHS IN URBAN AND RURAL DISTRICTS IN 1956

District.	Estimated Mid-Year Home Popula- tion.	Live Births.				Still Births.				Deaths under 1 Year of Age.				Deaths under 4 Weeks of Age.				Comparability Factors.	
		Legit.		Illegit.		Legit.		Illegit.		Legit.		Illegit.		Legit.		Illegit.		Births.	Deaths.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Urban.																			
Abercarn	18,570	157	169	2	6	5	6	1	—	1	9	—	—	—	8	—	—	0.99	1.22
Abergavenny	8,910	71	67	4	1	4	2	1	1	3	—	—	—	—	—	—	—	1.01	0.98
Abertillery	26,790	213	230	4	10	8	5	—	—	8	5	—	—	—	1	—	—	1.04	1.15
Bedwas & Machen	9,650	104	92	4	—	—	2	—	—	3	1	—	—	—	3	—	—	0.95	1.26
Bedwellty	28,040	276	242	6	13	16	3	1	—	12	4	1	—	1	7	3	1	1.02	1.35
Blaenavon	9,320	69	46	2	2	1	1	—	—	2	—	—	—	—	2	—	—	1.06	1.14
Caerleon	3,990	26	27	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1.01	0.54
Chepstow	5,920	53	53	—	2	2	2	—	—	2	2	—	—	—	—	2	—	1.00	0.76
Cwmbran	18,260	221	209	4	3	6	4	—	—	3	4	—	—	—	3	—	—	0.83	1.36
Ebbw Vale	28,350	217	211	10	8	12	4	—	1	9	7	—	—	3	5	4	—	1.06	1.23
Monmouth	5,710	39	41	3	3	1	1	—	—	1	2	—	—	1	1	2	—	1.02	0.90
Mynyddislwyn	15,300	118	131	1	2	6	6	1	—	5	3	—	—	—	3	3	—	1.01	1.34
Nantyglo & Blaina	11,070	83	72	5	5	1	5	—	—	4	2	1	—	—	2	2	1	1.06	1.11
Pontypool	41,280	282	279	6	4	8	6	—	—	10	4	1	—	—	8	2	—	1.02	1.13
Rhymney	8,790	71	64	2	1	2	1	—	—	2	1	—	—	—	2	—	—	1.04	1.16
Risca	14,680	93	93	1	2	6	3	—	—	4	—	—	—	—	2	—	—	1.02	1.08
Tredegarr	20,290	167	164	3	3	9	6	—	—	5	1	1	—	—	2	1	1	1.00	1.16
Usk	1,680	15	16	1	1	—	—	—	—	2	—	1	1	—	2	—	1	1.10	0.99
Totals Urban Districts	276,600	2275	2206	58	66	87	53	4	2	76	46	5	5	50	32	4	5	1.01	1.16
Rural.																			
Abergavenny	8,570	73	61	1	5	3	1	—	—	4	2	—	—	3	1	—	—	1.13	0.46
Chepstow	10,620	96	98	4	2	1	3	—	—	1	4	—	—	1	3	—	—	1.03	1.08
Magor & St Mellons	13,950	89	97	5	2	3	1	—	—	2	3	—	—	1	3	—	—	1.00	1.03
Monmouth	5,870	45	48	2	—	2	—	—	1	2	2	—	—	2	1	—	—	1.09	0.88
Pontypool	7,790	85	101	2	—	2	3	—	—	4	—	1	—	2	—	—	—	0.89	1.15
Total Rural Districts	46,800	388	405	14	9	11	8	—	1	13	11	1	—	9	8	—	—	1.02	0.86
Grand Totals	323,400	2663	2611	72	75	98	61	4	3	89	57	6	5	59	40	4	5	1.01	1.12

0 to 4 Weeks.

District.	TUBERCU- LOSIS.		Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Cancer (Malignant Disease)	Heart Disease	Influenza	Pneumonia (All Forms)	Bronchitis	Other Respiratory Diseases	Congenital Malformations	Gastritis, Enteritis and Diarrhoea	Violence	Other Causes	Prematurity	Atelectasis	Erythroblastosis Foetalis or Incompatibility of Parents' Blood Group
	Respiratory	Other																			
URBAN.																					
Abercarn																2	5	1	
Abergavenny																	3		
Bedwas & Machen																1	6		
Abertillery														3		4			
Bedwellty														2					
Blaenavon																			
Caerleon																	1	1	
Chepstow																	2	2	
Cwmbran																6	4	1	
Ebbw Vale																2	1		
Monmouth																2	1		
Nantyglo & Blaina																	1	1	
Mynyddislwyn														3			5	1	1
Pontypool																2	1		
Rhymney																2	2		
Risca																1	2		
Tredegarr								2											
Usk																			
Urban Totals				1				2		6			13			23	34	8	1
RURAL.																					
Abergavenny																	1		
Chepstow										2								1	
Magor & S. Mellons																	2		
Monmouth																2	1	1	
Pontypool																	2		
Rural Totals										3			1			3	6	2	1
Grand Totals				1				2		9			14			26	40	10	2

Infant Deaths under One Year of Age. 1956. (Continued)

4 Weeks to 1 Year.

District.	TUBERCULOSIS.		Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Cancer (Malignant Disease)	Heart Disease	Influenza	Pneumonia (All Forms)	Bronchitis	Other Respiratory Diseases	Congenital Malformations	Gastritis, Enteritis and Diarrhoea	Violence	Other Causes	Prematurity	Atelectasis	Brythrobiasis Foetalis or Incompatibility of Parents' Blood Group
	Respiratory	Other																			
URBAN.																					
Abercarn ...												1						1			
Abergavenny ...																		1			
Bedwas & Machen ...																					
Aberdillery ...					1					3		2	1					2			
Bedwellty ...										1		2						3			
Blaenavon ...																					
Caerleon ...																					
Chepstow ...																					
Cwmbran ...													1					1			
Ebbw Vale ...					1																
Monmouth ...												2									
Nantyglo & Blaina ...						1						1								1	
Mynyddislwyn ...												2									
Pontypool ...															3			1			
Rhymney ...													1								
Risca ...						1															
Tredegear ...										1		2									
Usk ...																					
Urban Totals ...					2	2				5		12	3		5	1		10		1	
RURAL.																					
Abergavenny ...												1						1			
Chepstow ...																					
Magor & S. Mellons ...												1									
Monmouth ...																1					
Pontypool ...												1	1								
Rural Totals ...												3	1		1	1		1			
Grand Totals ...					2	2				5		15	4		6	2		11		1	

Table compiled from M.O.H.'s Returns.

CAUSES OF DEATH IN VARIOUS AGE GROUPS IN THE ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1956.

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ADMINISTRATIVE COUNTY OF MONMOUTH FOR THE YEAR 1956.																																					87	
Age Groups.	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infection	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Lymphatic Neoplasms	Leukemia, Aleukemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension, with Heart Disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	All Causes	
Urban Districts.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
Males	0—	—	1	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	1	9	2	—	—	—	1	—	—	17	45	—	1	—	—	81	
1—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2	—	—	—	—	10	
5—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	2	2	5	7	—	16	
25—	1	—	1	—	—	—	—	—	—	4	2	—	—	7	3	—	4	3	—	8	—	—	—	3	—	—	—	—	—	—	—	—	9	5	6	2	—	74
45—	7	—	3	—	—	—	—	—	1	23	51	2	—	51	1	1	42	124	8	40	13	4	3	3	1	3	—	3	—	—	—	—	9	5	6	2	—	16
65—	6	1	2	—	—	—	—	—	2	21	20	—	—	40	1	—	75	117	14	66	15	1	16	51	17	12	2	6	3	—	2	18	5	18	6	2	1	525
75—	1	—	—	—	—	—	—	—	—	12	8	—	—	48	—	2	95	75	15	136	39	1	23	70	6	3	1	1	27	—	2	24	2	8	3	—	—	533
Total Males	16	2	7	—	1	1	—	1	6	60	81	2	—	149	7	3	216	320	37	253	71	4	66	184	48	21	6	21	36	—	24	132	18	52	13	2	603	
Females	0—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	7	1	—	—	—	—	—	—	11	27	—	1	—	—	51	
1—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	9	
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	
25—	8	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65	
45—	4	—	—	—	—	—	—	—	1	2	1	3	2	6	—	—	4	1	—	9	—	—	—	1	—	—	—	—	—	—	—	—	5	1	1	2	—	308
65—	1	—	—	—	—	—	—	—	—	12	4	18	11	40	—	2	39	43	7	44	7	3	2	8	2	—	—	4	—	—	—	2	40	1	5	9	—	404
75—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	8	103	56	27	54	20	—	12	25	1	2	—	6	—	—	—	26	1	5	1	1	—	595
Total Females	13	—	—	—	1	1	—	—	2	54	7	38	21	119	3	20	231	147	48	276	73	6	42	61	8	4	7	23	—	6	17	169	6	28	14	3	1,448	
Rural Districts.	0—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	3	6	—	—	—	—	14	
1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	
25—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	13	
45—	2	—	1	—	—	—	—	—	—	2	12	—	—	3	1	—	4	3	—	8	—	—	1	1	—	—	—	—	—	—	—	—	2	2	2	—	—	71
65—	—	—	—	—	—	—	—	—	—	2	3	—	—	4	1	2	5	20	1	13	7	4	2	4	3	4	—	—	—	—	—	2	2	2	1	—	—	73
75—	—	—	—	—	—	—	—	—	—	2	2	—	—	7	—	1	11	17	4	50	7	1	2	7	1	2	—	1	1	—	—	2	—	2	—	—	124	
Total Males	3	—	1	—	—	—	—	—	1	7	17	—	—	15	3	3	20	51	5	73	18	2	8	19	4	7	1	3	2	—	—	6	—	2	—	—	304	
Females	0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	
1—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	
15—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46	
25—	1	—	1	—	—	—	—	—	—	—	—	4	1	9	1	—	6	10	4	3	1	1	1	—	—	—	—	—	—	—	—	1	3	1	1	—	64	
45—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	122	
65—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
75—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total Females	1	—	1	—	—	—	—	—	—	—	—	12	5	19	2	—	35	26	5	71	12	1	7	10	1	1	2	3	—	—	2	26	1	8	1	—	255	
Grand Totals	33	2	9	—	2	2	—	1	9	124	105	52	26	302	15	26	502	544	95	673	174	13	123	274	61	33	16	50	38	6	50	344	31	96	30	6	3,867	

VITAL STATISTICS FOR THE YEAR 1956

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DISTRICT	ESTIMATED POPULATION.	LIVE BIRTHS								STILL BIRTHS								DEATHS				INFANTILE MORTALITY.				Tuberculosis Death-rate (Pulmonary and non-Pulmonary) per 1000 of estimated population.	AREA	District Medical Officer of Health at End of 1956																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
		LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of population	LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of population	Male	Female	Total	Rate per 1000 of population	Deaths under 1 year of age																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
		Male	Female	Male	Female	Male	Female			Male	Female	Male	Female	Leg.	Illegitimate.							Total.	Rate per 1,000 Live births.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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